



INTRAMURALS

FALL DODGEBALL TOURNAMENT

ENTRY FORM

1 TEAM INFORMATION

NAME	
-------------	--

2 ENTRY TYPE (CHOOSE ONE)

<input type="checkbox"/> Team: \$40

3 PAYMENT METHOD

<input type="checkbox"/> MC/VISA/Discover	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Transfer Voucher #
---	-------------------------------	----------------------------------	---

4 DIVISION (CHOOSE ONE)

<input type="checkbox"/> All-Campus Co-Recreation A	<input type="checkbox"/> All-Campus Men A	<input type="checkbox"/> All-Campus Women A
---	---	---

5 MANAGER INFORMATION

MANAGER	ALTERNATE MANAGER
Name	Name
Address	Address
City State ZIP	City State ZIP
Local Phone	Local Phone
E-Mail Address	E-Mail Address

MANAGER AND ALTERNATE MANAGER SHOULD HAVE DIFFERENT PHONE NUMBERS

By my signature, I agree to operate my team within the established rules of the Intramural Sports Program, including attending any mandatory meetings; to obtain the rules, policies, and procedures and to review them with my team; and to inform my team of its regular-season and playoff schedules.

MANAGER SIGNATURE _____

6 ROSTER INFORMATION

Tournaments

A team's roster is built over the course of the preliminary rounds of the tournament. As in team sports, the individuals listed on the scorecards constitute a team's roster. Managers are responsible for the accuracy and completeness of the scorecards. Additions may be made through quarter-finals.

**VALIDATION AREA
FOR OFFICE USE ONLY**