



INTRAMURALS

# FALL GOLF

## ENTRY FORM

### 1 TEAM INFORMATION

NAME

### 2 ENTRY TYPE (CHOOSE ONE)

Team: \$100

### 3 PAYMENT METHOD

MC/VISA/Discover  Cash  Check #  Transfer Voucher #

### 4 DIVISION (CHOOSE ONE)

Co-Recreation A  Fraternity A  Graduate Faculty Staff A  
 Independent Men A  Independent Women A  Residence Hall A

MY TEAM IS COMPETING FOR THE ALL-YEAR CHAMPIONSHIP (CIRCLE ONE):  
YES -or- NO

### 5 PLAYER INFORMATION

PLAYER	PARTNER
Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City State ZIP <input type="text"/>	City State ZIP <input type="text"/>
Local Phone <input type="text"/>	Local Phone <input type="text"/>
E-Mail Address <input type="text"/>	E-Mail Address <input type="text"/>

#### PLAYER AND PARTNER 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.

PLAYER SIGNATURE \_\_\_\_\_

### 6 ROSTER INFORMATION

**Individual, Dual, and Team Meets**  
A team must submit its roster prior to the event, and prior to the roster deadline if one is set. Rosters may not be modified.

VALIDATION AREA  
FOR OFFICE USE ONLY