



INTRAMURALS

FALL TRACK AND FIELD

ENTRY FORM

1	TEAM INFORMATION
NAME <input style="width: 500px;" type="text"/>	

2	ENTRY TYPE (CHOOSE ONE)
<input type="checkbox"/> Individual: \$10 <input type="checkbox"/> Team: \$45	

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 Men A <input type="checkbox"/> All-Campus Women A <input type="checkbox"/> Co-Recreation A <input type="checkbox"/> Fraternity A <input type="checkbox"/> Graduate Faculty Staff A <input type="checkbox"/> Independent Men A <input type="checkbox"/> Independent Women A <input type="checkbox"/> Residence Hall A	

MY TEAM IS COMPETING FOR THE ALL-YEAR CHAMPIONSHIP (CIRCLE ONE): YES -or- NO
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5	MANAGER INFORMATION												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%; text-align: center;">MANAGER</th> <th style="width: 50%; text-align: center;">ALTERNATE MANAGER</th> </tr> </thead> <tbody> <tr><td>Name</td><td>Name</td></tr> <tr><td>Address</td><td>Address</td></tr> <tr><td>City State ZIP</td><td>City State ZIP</td></tr> <tr><td>Local Phone</td><td>Local Phone</td></tr> <tr><td>E-Mail Address</td><td>E-Mail Address</td></tr> </tbody> </table>		MANAGER	ALTERNATE MANAGER	Name	Name	Address	Address	City State ZIP	City State ZIP	Local Phone	Local Phone	E-Mail Address	E-Mail Address
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
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
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