



INTRAMURALS

FALL WRESTLING MEET

ENTRY FORM

1	TEAM INFORMATION	
	NAME	TEAM #

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"/> Fraternity A
	<input type="checkbox"/> Graduate Faculty Staff A	<input type="checkbox"/> Independent Men A	<input type="checkbox"/> Residence Hall A

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

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
	<p>Individual, Dual, and Team Meets</p> <p>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.</p>

<p>VALIDATION AREA FOR OFFICE USE ONLY</p>
