



INTRAMURALS

FALL 5K RUN

ENTRY FORM

1 TEAM INFORMATION

NAME	
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2 ENTRY TYPE (CHOOSE ONE)

<input type="checkbox"/> Individual Community: \$20	<input type="checkbox"/> Individual Rec Sports: \$10	<input type="checkbox"/> Team: \$40
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3 PAYMENT METHOD

<input type="checkbox"/> MC/VISA/Discover	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Transfer Voucher #
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4 DIVISION (CHOOSE ONE)

<input type="checkbox"/> Co-Recreation A	<input type="checkbox"/> Female 18 - 24	<input type="checkbox"/> Female 25 - 29
<input type="checkbox"/> Female 30 - 34	<input type="checkbox"/> Female 35 - 39	<input type="checkbox"/> Female 40 - 44
<input type="checkbox"/> Female 45 - 49	<input type="checkbox"/> Female 50 -54	<input type="checkbox"/> Female 55 - 59
<input type="checkbox"/> Female 60 and above	<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"/> Male 18 - 24
<input type="checkbox"/> Male 25 - 29	<input type="checkbox"/> Male 30 - 34	<input type="checkbox"/> Male 35 - 39
<input type="checkbox"/> Male 40 - 44	<input type="checkbox"/> Male 45 - 49	<input type="checkbox"/> Male 50 - 54
<input type="checkbox"/> Male 55 - 59	<input type="checkbox"/> Male 60 and above	<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 _____