

**BEMIDJI STATE UNIVERSITY
DEPARTMENT OF CAMPUS RECREATION – INTRAMURALS**

ADD/DROP FORM

DATE: _____ SPORT: _____
TEAM: _____
CAPTAIN: _____ PHONE : _____

**MUST BE COMPLETED AND RETURNED TO THE IM DIRECTOR OR THE
REC CENTER FRONT DESK BY 12 NOON ON THE DAY OF THE
SCHEDULED MATCH FOR THE PLAYER TO BE ELIGIBLE.**

Captain's Signature signifies player eligibility: _____

Check Appropriate League: Men's _____ Women's _____ Co-Rec _____

Persons to be **ADDED** to the team:

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Persons to be **DROPPED** from team:

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

FRONT DESK STAFF OR INTRAMURAL EMPLOYEES:

DATE and TIME RECEIVED: _____