

**BEMIDJI STATE UNIVERSITY
DEPARTMENT OF CAMPUS RECREATION
INTRAMURAL SPORTS PROGRAM**

ADD/DROP FORM

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

Captain's Signature signifies player eligibility: _____

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

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

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

	NAME	STUDENT ID NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Persons to be **DROPPED** from team:

	NAME	STUDENT ID NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

FRONT DESK STAFF OR INTRAMURAL EMPLOYEES:

DATE and TIME RECEIVED: _____