

TEAM ROSTER FORM

*Team names that are found to be inappropriate will not be accepted
and may therefore be changed by the Intramural Coordinator.*

Team name: _____ Sport: _____
Captain's name: _____ Local Phone: _____
Student ID Number: _____ Email: _____

Check appropriate division:

MEN'S	WOMEN'S	CO-RECREATIONAL
recreational ___	recreational ___	recreational ___
competitive ___	competitive ___	competitive ___

Captain:

- is knowledgeable of Intramural eligibility status rules and verifies that all team members are eligible for regular and post season games.
- has read and understands playing rules in addition to default and forfeit policies and has relayed this information to all team members.
- is responsible for checking Intramural Website for scheduling dates and times.
- must attend the captain's meeting on date posted, or may send an alternate team representative; failure to do so results in a forfeit and causes the team to be ineligible for playoffs unless \$15 forfeit fee is paid.
- ensures that the team roster form is filled out completely and submitted before deadline, along with payment of appropriate fees.

CAPTAIN'S SIGNATURE: _____

Provide **Student ID Numbers** of all team members. The information below must be accurate and legible to be accepted as a completed roster.

<u>Name:</u>	<u>Student ID#</u>	<u>Name:</u>	<u>Student ID#</u>
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

Receipt number: _____ Date: _____
Rec employee issuing receipt: _____