Intramural Registration Form
Spring 2013- Fall 2013
League __________
Day of Play________
Scheduled By_______
(For Office Use Only)

TEAM NAME______________________________________________________________

Circle League:  CO-REC  OPEN  Women’s  Men’s  Recreational

Circle Sport:  5 on 5 Basketball  Dodge Ball  Outdoor Soccer  Bowling
                   Indoor Soccer  Volleyball  Flag Football

CAPTAIN ______________________________ PHONE __________________________
EMAIL ______________________@htu.edu  ID # __________ M/F ______

CO-CAPTAIN __________________________ EMAIL ______________________@htu.edu

PRINT name and university I.D. number of each team member below.
PLAYERS WITHOUT COMPLETE INFORMATION LISTED BELOW ARE INELIGIBLE.

1. ____________________________________  8. ____________________________________
2. ____________________________________  9. ____________________________________
3. ____________________________________ 10. ____________________________________
4. ____________________________________ 11. ____________________________________
5. ____________________________________ 12. ____________________________________
6. ____________________________________ 13. ____________________________________
7. ____________________________________ 14. ____________________________________

I authorize the use of photographic and/or video images taken of this team by Department of Recreational
Sports representatives to be used in publications and other marketing tools.

A TEAM REPRESENTATIVE IS REQUIRED TO ATTEND THE MANDATORY CAPTAINS MEETING
TBA

Signature ______________________________ Date ______________________________