INTRAMURAL SPORTS

RAGIN CAJUNS

TEAM ENTRY CARD

TEAM NAME _____ SPORT: _____

MANAGER"S NAME _____ CHECK ONE: MEN'S _____

MANAGER'S PHONE _____ WOMEN'S _____

MANAGER'S ADDRESS _____ CO REC _____

ASST MANAGER _____ DIVISION (CIRCLE ONE):

ASST MANAGER'S PHONE _____ A AA AAA

As Team Manager, I hereby agree to assume all responsibilities required of me by the Intramural Department. This includes attending the managers' meeting, picking up a league schedule, and serving as liaison between the department and team members. I fully understand and agree to abide by the league rules, eligibility requirements, sportsmanship policy, etc.

_____ _____

DATE MANAGER'S SIGNATURE

Indicate day blocks team can play. You must indicate 3 blocks in order preference.

GYM	M	T	W	TH
7:00 pm				
8:00 pm				
9:00 pm				