



Office Use Only

Rec'd By

Date

Amt Pd

# Intramural Sports Team Entry Form

**ALL CAPTAINS FILL OUT GREY AREA**

**INTERHALL TEAMS ONLY PLEASE FILL OUT THE SECTIONS BELOW**

CAPTAIN \_\_\_\_\_  
PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**CIRCLE ONE**

IH      ALL CAMPUS      GFS      CO-REC

SPORT \_\_\_\_\_  
TEAM NAME \_\_\_\_\_  
HALL \_\_\_\_\_

## INTERHALL STATEMENT

**Rector\***, please review this roster and *initial after the last name on list* indicating that each player is an undergrad student representing your hall.

By signing below, RecSports has permission to charge your hall account for this activity.

\_\_\_\_\_  
Rector's Signature

\_\_\_\_\_  
Date

## OFFICIAL INTERHALL TEAM ROSTER

Name

Net I.D.

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____

Notre Dame students are expected to carry their University ID cards at all times. RecSports participants must have their ID with them to participate in activities as well as to gain entry to athletic facilities.

**NOTE:** Please read and sign eligibility and captains meeting sections below. Payment of entry fees must be included with this form.

## ELIGIBILITY STATEMENT

This certifies that I know and understand the rules associated with the activity listed above and have checked the eligibility of all the team members. If there are discrepancies, I will assume responsibility. Failure to comply with these rules will result in action as outlined in the RecSports policies.

\_\_\_\_\_  
Team Captain's Signature

\_\_\_\_\_  
Date

## CAPTAINS MEETING

I am aware of the scheduled captains meeting for this activity. I understand that failure to have a team representative at this meeting may forfeit our opportunity to participate in this activity.

\_\_\_\_\_  
Team Captain's Signature

\_\_\_\_\_  
Date

**INCOMPLETE FORMS WILL NOT BE ACCEPTED**

*Payment must be received  
at the time of entry*

*\*Rector, please initial after the last name on list*