Sport: 4x4 Volleyball - Thursday  
Deadline Date: February 17, 2012 to SRC Recreation Services 5pm

Team Organization: ___________________________  Team Name: ___________________________
*Team Captain: ___________________________  *Assistant Captain: ___________________________
*CWID: ___________________________  *CWID: ___________________________
*Email: ___________________________  *Email: ___________________________
*Phone Number: ___________________________  *Phone Number: ___________________________

*This information MUST be provided for entry form to be accepted.

League Game Days Are:  
Day/Time: Thursdays, 6-10pm  
Location: SRC Gym Court 1&2  
Start Date: March 1st  
End Date: April 12th

Time selection:  
Circle a minimum of 2: 6PM  7PM  8PM  9PM

Times are 1st come, 1st served.

Upon arrival please check-in at the Intramural Sports table.

I understand that all participants in the Intramural Sports Leagues must be a current student, faculty, or staff member at Cal State Fullerton and that each participant must present a valid Titan ID Card prior to each game. No other form of ID will be accepted other than your valid Titan ID Card. NO ID, NO PLAY. I understand that no changes can be made to the rosters after the second game is played. I understand that this Entry Form is NOT the official roster, but the information provided will be used to verify eligibility to participate. As team captain, I accept full responsibility for the actions of my team.

______________________________  ___________________________
Signature  Date
Team Name: ____________________________
Organization: __________________________

Print Your Name and Campus-Wide ID # Clearly:

1. Last Name:__________________________ First Name:__________________________ CWID #:________________________
2. Last Name:__________________________ First Name:__________________________ CWID #:________________________
3. Last Name:__________________________ First Name:__________________________ CWID #:________________________
4. Last Name:__________________________ First Name:__________________________ CWID #:________________________

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