Intramural Sports

Team Entry Form

Sport: 5x5 Basketball League
Deadline Date: March 16, 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: Sundays, 6-10pm
Location: SRC Gym Court 1&2
Start Date: April 1st
End Date: May 6th

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 #: ______________________

5. Last Name: ______________________  First Name: ______________________  CWID #: ______________________

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