Sport: Men’s and Women’s 5x5 Basketball League - Wednesday
Deadline Date: February 10, 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: Wednesdays, 6-11pm
Location: SRC Gym Court 1&2
Start Date: February 22nd
End Date: May 2nd

Time selection:

Circle a minimum of 2: 6PM  7PM  8PM  9PM  10PM

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 #:__________________________

6. Last Name:__________________________ First Name:__________________________ CWID #:__________________________

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