

Purdue University North Central Recreational Sports Intramural Sports Registration Form

Team Name _____ Activity _____ Program _____

Representative's Name _____ Email _____ Phone _____

This certifies that I understand the intramural eligibility rules and have completely checked all the players on my team. If there is any discrepancy, I will assume full responsibility. If there is any question about rules or eligibility, I will contact the intramural coordinator.

SIGNED _____

Preferred Scheduling _____ Please circle the 2 days that you prefer to play per week.
Mon. Tues. Wed. Thur. Fri.

Please Print Name	Phone Number	Email Address
Captain:		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

This copy must be turned into the office of Student Activities Room #78.

(Office use only)

Date _____ Paid _____ Staff _____