



# MINNESOTA STATE UNIVERSITY

Office of Campus Recreation (MF 118)



## INTRAMURAL SPORTS TEAM REGISTRATION FORM

(Return to MF 118 only!)

Sport: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Organization Name (for ALL-U Points): \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Tech ID.# \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Co-Manager's Name: \_\_\_\_\_ Tech ID.# \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

<p><b>LEAGUE:</b> (please circle one)</p> <p><b>Men's</b></p> <p><b>Women's</b></p> <p><b>CoRec</b></p>
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<p><b>DIVISION:</b> (please circle one)</p> <p><b>A (Competitive)</b></p> <p><b>B (Recreational)</b></p>
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<p><b>Team Scheduling Conflicts:</b> Please list the days or times that your <b><u>TEAM IS NOT ABLE TO PLAY</u></b> and we will attempt to schedule around these conflicts when possible.</p> <p><b>Day(s):</b> _____</p> <p><b>Time(s):</b> _____</p>
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### ELIGIBILITY

This certifies that I know and understand the Intramural Sports eligibility rules and have completely checked the eligibility of all players on my team. If there is any discrepancy, I will assume full responsibility. I understand that failure to comply with these rules may mean forfeiture of all games in which ineligible players participated and/or removal from the league. I also understand that each team member must sign the assumption of risk form on the back of each games scorecard before they are eligible to participate.

<p><b>MANAGER'S SIGNATURE:</b> _____</p>
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\*\*\*Team Roster form is located on back\*\*\*

**TEAM NAME:** \_\_\_\_\_

**PLEASE PRINT ALL NAMES AND MSU TECH ID NUMBERS OF PLAYERS WHO WILL BE PLAYING ON THIS TEAM.**

<b>LAST,</b>	<b>FIRST</b>	<b>MSU TECH ID NUMBER</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Minnesota State University, Mankato  
Office of Campus Recreation  
**Intramural Sports 2007-2008**  
Invoice Form

Captain's Name: \_\_\_\_\_ Tech ID #: \_\_\_\_\_  
Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_

\_\_\_\_\_ \$60/Team 5-on-5 Basketball, Broomball, Flag Football, CoRec Basketball  
Ice Hockey, Indoor Soccer, Softball, Volleyball

\_\_\_\_\_ \$30/Team 3-on-3 Basketball, Fall Softball Tourney, Dodgeball Tourney, Wallyball

\_\_\_\_\_ \$20/Team Team Bowling, Sand Volleyball Tourney

**Cost Center:** 331400                      **Object Code:** 9386

Please complete this form (top & bottom) and pay the appropriate fee to the Cashier's Office (WA 128). Bring back the bottom half receipted by the cashier, to MF 118 with your registration form.

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