INTRAMURAL SPORTS REGISTRATION FORM

All participants must be valid SRWC members. No alumni.

League: _____ **Team Name:** _____

NAME	E MAIL ADDRESS	COMPLETE ID #	PHONE #	SIGNATURE	HEIGHT*
	MANAGER				
	ALTERNATE MANAGER				
	TEAM				
	MEMBERS				

* If this roster is for the **6FT & UNDER** League, everyone must place their height in the last column.

FOR OFFICE USE ONLY		
DATE PAID	FEE PAID $	STAFF INITIALS