

- Sam Houston State University -  
**INTRAMURAL SPORTS**  
**TEAM ENTRY FORM**

TEAM NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sam Houston Student ID #: \_\_\_\_\_ Email: \_\_\_\_\_

As captain, I certify that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I also certify that all information provided is accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. I have informed all team members that there are inherent risks involved in participating in Intramural Sports activities and that each participant should have health insurance to cover possible injury.

Captain's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate the league your team represents:**

- |  |  |
|--|--|
| _____ Competitive A (Men's)            | _____ Competitive A (CoRec)            |
| _____ Competitive B (Men's)            | _____ Competitive B (CoRec)            |
| _____ Non-Playoff Recreational (Men's) | _____ Non-Playoff Recreational (CoRec) |
| _____ Women's                          | _____ Men's Greek                      |

**Player's Name (first and last)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_

**PLAYOFF & RAIN MAKE-UP AVAILABILITY**

**Please shade the days and times your team CANNOT play:  
 You can select no more than 14 time slots**

**\*\* IF YOU CROSS OUT MORE THAN 14 TIME SLOTS, ALL OF YOUR REQUESTS WILL BE INVALID AND WE WILL SCHEDULE YOU WHEREVER WE SEE FIT. \*\***

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>
5:00 p.m. <input type="checkbox"/>	5:00 p.m. <input type="checkbox"/>	5:00 p.m. <input type="checkbox"/>	5:00 p.m. <input type="checkbox"/>
6:00 p.m. <input type="checkbox"/>	6:00 p.m. <input type="checkbox"/>	6:00 p.m. <input type="checkbox"/>	6:00 p.m. <input type="checkbox"/>
7:00 p.m. <input type="checkbox"/>	7:00 p.m. <input type="checkbox"/>	7:00 p.m. <input type="checkbox"/>	7:00 p.m. <input type="checkbox"/>
8:00 p.m. <input type="checkbox"/>	8:00 p.m. <input type="checkbox"/>	8:00 p.m. <input type="checkbox"/>	8:00 p.m. <input type="checkbox"/>
9:00 p.m. <input type="checkbox"/>	9:00 p.m. <input type="checkbox"/>	9:00 p.m. <input type="checkbox"/>	9:00 p.m. <input type="checkbox"/>
10:00 p.m. <input type="checkbox"/>	10:00 p.m. <input type="checkbox"/>	10:00 p.m. <input type="checkbox"/>	10:00 p.m. <input type="checkbox"/>
11:00p.m. <input type="checkbox"/>	11:00p.m. <input type="checkbox"/>	11:00p.m. <input type="checkbox"/>	11:00p.m. <input type="checkbox"/>

**FOR OFFICE USE ONLY:**

Accepted By: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_