



Department of Recreation Services

Rec Services Office 651-2105 • IM Office 651-2571 • www4.semo.edu/recsports/im/index.asp

INTRAMURAL SPORTS ENTRY FORM

ACTIVITY: _____ DATE: ____ / ____ / ____

TYPE: Team Dual Individual

CIRCLE ONE

Team Name: _____

The Intramural Sports Program reserves the right to change team names deemed inappropriate.

Organizational Points to: _____

Manager: _____ Second Contact: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

DIVISION

LEVEL OF PLAY

CO-REC

BLACK

MEN'S

RED

WOMEN'S

GREEK

TEAM / INDIVIDUAL AVAILABILITY

*Cross out the times you are UNABLE to play.

*Please mark NO MORE than TEN times

*Every effort will be made to accommodate these requests.

*If you cross out more than TEN times you will NOT be guaranteed a full schedule of games

		MON	TUE	WED	THU	SUN
Ultimate & Sand Volleyball Only	4pm - 5pm					
	5pm - 6pm					
	6pm - 7pm					
	7pm - 8pm					
	8pm - 9pm					
	9pm - 10pm					
	10pm - 11pm					

***PLEASE FILL OUT THE BACK OF THIS FORM.**

Office Use Only:

Fee: \$ _____ Date: ____ / ____ / ____ Receipt # _____ Staff Initials: _____

