

INTRAMURAL TEAM ROSTER

SPORT: _____

TEAM NAME: _____

TEAM CAPTAIN: _____

BEST DAYS TO PLAY: _____

| <u>NAME</u> | <u>ID #</u> | <u>CELL PHONE #</u> | <u>EMAIL</u> |
|--------------------|--------------------|----------------------------|---------------------|
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Please fill out form completely and return to:

**Assistant Director of Student Life
Office of Student Life
JAM Student Center
478.289.2170**