

TEAM ENTRY FORM

SPORT: _____

TEAM NAME: _____

_____ MEN

_____ CO-REC

_____ WOMEN

NIGHT PREFERENCE _____

TIME PREFERENCE: EARLY LATE ANY

TEAM CAPTAIN _____

SOC. SECURITY _____

HOME PHONE _____

DAYTIME PHONE _____

EMAIL ADDRESS _____

OTHER CONTACT _____

DAYTIME PHONE _____

CAPTAIN'S MEETINGS ARE MANDATORY. TEAMS NOT REPRESENTED START 0-1 WITH A FORFEIT LOSS

OFFICIAL TEAM ROSTER

NAME

SS#

NAME

SS#

I understand that eligibility is open to GSW students, faculty, and staff only and certify by my signature that all players listed above are eligible according to the GSW Recreational Sports Guidelines. I will inform my players that recreational sports activities are potentially dangerous and that medical insurance is recommended. Student insurance is available through Student Health Services located in the Health Center!

CAPTAIN'S SIGNATURE _____

DATE: _____