



INTRAMURAL Team Roster Form

(SPORTING EVENT) 3x3 Basketball

Women's: _____

Maroon Division(Fresh/Soph)_____

Silver Division(Jr/Sr)_____

MGR./CAPT.: _____

ALT. MGR/CAPT: _____

E-MAIL: _____

E-MAIL: _____

PHONE: _____

PHONE: _____

TEAM NAME: _____(Must be approved by Rec Sports Staff)

	<u>PRINT PLAYER=S LAST NAME, FIRST NAME</u>	<u>ID NUMBER</u>	<u>LOCAL PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

CAPTAINS PLEASE COMPLETE AND SIGN ELIGIBILITY STATEMENT - This certifies that I know and understand all the intramural rules and have verified the eligibility of all the players on my team with ECHS administration. If there is any discrepancy, I will assume full responsibility. I understand that failure to comply with these rules will result in disciplinary action as outlined in the eligibility rules of the tournament.. I also understand that any and all photos taken during intramural activities are the sole property of the TAMIU Recreational Sports Department and may be used in flyers, pamphlets, catalogs, web sites, or other promotional outlets.

TEAM CAPTAIN' S/MGRS SIGNATURE: _____ DATE: _____