



# Fall 2009 Intramural Sports Registration Form

—Submit One Registration Form per Team—

## Registration Period II

ALL SECTIONS (1-6) Need to be Completed!!



1. Team Name: \_\_\_\_\_

Affiliation for Points: \_\_\_\_\_

2. Captain: \_\_\_\_\_

Co-Captain: \_\_\_\_\_

BU ID#: \_\_\_\_\_

BU ID#: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. What program makes up your team?

| Program (Check One)                      |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Fraternity (FR) | <input type="checkbox"/> Men's Res. Hall (MR)   | <input type="checkbox"/> Men's Open (MO)   | <input type="checkbox"/> Grad/Fac/Staff (GS) |
| <input type="checkbox"/> Sorority (SO)   | <input type="checkbox"/> Women's Res. Hall (WR) | <input type="checkbox"/> Women's Open (WO) | <input type="checkbox"/> Co-Rec (CR)         |

### 4. What sport would you like to play on what days/times?

| Activity (Check one sport + many days/times)  | Entry Period                 | Mandatory Captain's Meeting  |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------|----------------------------|------------------------------|-----------------------------|-----------------------------|----------------------------|--|--|-----------------------------|--|--|---------------------|--|
| <input type="checkbox"/> <b>Volleyball (check as many as possible)</b><br>Sunday:                      Tuesday:                      Wednesday:<br><table border="1"> <tr><td><input type="checkbox"/> 1/2</td><td><input type="checkbox"/> 5/6</td><td><input type="checkbox"/> 5/6</td></tr> <tr><td><input type="checkbox"/> 3/4</td><td><input type="checkbox"/> 7/8</td><td><input type="checkbox"/> 7/8</td></tr> <tr><td><input type="checkbox"/> 5/6</td><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> 7/8</td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> 9</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> 10</td><td></td><td></td></tr> </table> | <input type="checkbox"/> 1/2 | <input type="checkbox"/> 5/6 | <input type="checkbox"/> 5/6 | <input type="checkbox"/> 3/4 | <input type="checkbox"/> 7/8 | <input type="checkbox"/> 7/8 | <input type="checkbox"/> 5/6 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 7/8 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 9 |  |  | <input type="checkbox"/> 10 |  |  | October 5-October 9 | October 13, 2009 8-9 pm HRC Conf. Room |
| <input type="checkbox"/> 1/2  | <input type="checkbox"/> 5/6 | <input type="checkbox"/> 5/6 |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> 3/4  | <input type="checkbox"/> 7/8 | <input type="checkbox"/> 7/8 |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> 5/6  | <input type="checkbox"/> 9   | <input type="checkbox"/> 9   |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> 7/8  | <input type="checkbox"/> 10  | <input type="checkbox"/> 10  |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> 9  |                              |                              |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> 10   |                              |                              |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> <b>Table Tennis</b><br>Wednesday, November 4: 5-11pm; HRC Lobby  | October 5-October 9          | None!                        |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |
| <input type="checkbox"/> <b>Punt/Pass/Kick</b><br>Wednesday, November 21: 5-8 pm; IM Fields   | At event                     | None!                        |                              |                              |                              |                              |                              |                            |                            |                              |                             |                             |                            |  |  |                             |  |  |                     |  |

**\*\* You may be scheduled for play at any of the above selected date and times. If you leave your availability too limited, you may not be scheduled for play. We will not reschedule after leagues have been formed; we will however, provide limited reschedule times for playoffs.\*\***

**\*\*NO ROSTERS WILL BE SUBMITTED FOR REGISTRATION \*\***

My signature below certifies that I have read and understand the Intramural Sports handbook and have completely checked the eligibility of all the players on my team. If there is any discrepancy, I will assume full responsibility. If there are any questions about rules or eligibility, I will contact the Intramural Sports staff. I am also aware of the **MANDATORY Captain's Meeting** and failure to attend will result in a forfeit. I realize it is my obligation as a Captain to have a representative from my team attend if I am unable to. If I fail to comply with these procedures it is my obligation and responsibility to seek out all necessary information.

\*\*\* The Intramural Staff will **NOT** be responsible for contacting captains or teams (including by e-mail). \*\*\*

Due to weather, field conditions, cancellations, forfeits, etc. the Intramural Sports Department cannot guarantee that all scheduled games will be played.

5. Signature: \_\_\_\_\_

6. Date: \_\_\_\_\_

(DR Staff to complete)

DATE/TIME: \_\_\_\_\_

STAFF INITIALS that verifies this form: \_\_\_\_\_