

Women's Team Roster

YOU WANT TO PLAY ON: Mon/Wed _____ Tue/Thu _____ No Pref _____	YOU WANT TO PLAY: (When Applicable) Before 6:00pm _____ After 5:00pm _____ No Pref _____
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** To avoid forfeits please take into consideration team members schedules when choosing days and times AND please ONLY choose a time or day preference if ABSOLUTELY NECESSARY

DIVISION: (When Applicable)
 Comp _____
 Rec _____

SPORT _____ TEAM NAME _____

CAPTAIN _____ PHONE NUMBER _____ E-MAIL ADDRESS _____

	"PRINTED" FIRST & LAST NAME	Student PSU Email Access ID	
1			Do Not
2			
3			
4			
5			Write
6			
7			
8			
9			In This Space
10			
11			
12			
13			
14			For Office
15			
16			
17			
18			Use Only
19			

ENTRIES MUST BE TURNED INTO THE INTRAMURAL OFFICE BY THE ENTRY DEADLINE!!

1	2	3	4	5	6	7	8	9	10

The intramural participant is encouraged to consider his/her personal health and physical condition prior to participation in intramural activities. Such participation involves physical exertion, fundamental skills for that sport or activity, and may involve physical contact. The participant, being aware of any conditions predisposing him/her to injury or illness, and in consideration of the inherent physical exertion and possible contact involved in intramural participation, may wish to seek the advice of a physician prior to participation.