

# TEAM ENTRY FORM FOR TOURNAMENT

Sport \_\_\_\_\_ Team Name \_\_\_\_\_

(please circle one)

League Men's Women's PFR IFC Division PHC Collegiate Pro

Please select the best set of nights for your team to play  
Mon & Wed Tue & Thur

Could your team play on Sunday afternoons if needed? Yes No

Please list any time conflict in which your team CANNOT play  
Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Team Captain: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Alt Captain: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

<b>Is your team competing for All Campus Points!</b>	Yes	_____	No	_____	
<b>If Yes, What is your All Campus Organization Name:</b>	_____				
<b>In which division will you be competing</b>	Open	PFR(Men)	PHC	PFR(Women)	IFC

TEAM CAPTAINS SHOULD READ THE BELOW DISCLAIMER AND SIGN AT BOTTOM

\*\*\*WARNING: YOUR PARTICIPATION IN THIS SPORT COULD RESULT IN PHYSICAL INJURY WHICH COULD BE SERIOUS OR FATAL!!!\*\*\*

**Tennessee Technological University assumes no responsibility for injuries received during Intramural Sport activities. Students, Faculty, and Staff are reminded that Intramural participation is completely voluntary. It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation.**

I certify that the participants listed on this form are TTU Students / Faculty / Staff and are eligible to participate. I also certify that each participant has read this form and that his / her signature is real.

Any forged signature is a violation of the Tennessee Technological University Student Code of Conduct!

I UNDERSTAND THAT I COULD BE LIABLE FOR NOT GIVING THE ABOVE INFORMATION TO EACH PARTICIPANT!!!

Team Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(office use only)

Received By: _____	Date: _____
Payment Form / Amount: _____	Receipt #: _____