

Intramural Sports Company-level Basketball Season Registration Form  
WARRIOR FITNESS CENTER  
17 January 2023



**Team Point of Contact Information**

First Name:

Last Name:

Email Address:

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization/Unit:

Team Name:

**Roster**

	<b>Last Name</b>	<b>First Name</b>	<b>Organization/Unit</b>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_