

INTRAMURAL SPORTS



It's all about the t-shirt

SUNY Brockport - Recreational Services

3 on 3 Basketball

This form must be completed and returned (with \$20) to the Recreational Services Office by Oct. 21st @4pm

Recreational Services (Tuttle North Room 281) ~ 395-5081 ~ www.brockport.edu/recservices

STEP 1

Team Name: _____

Captains Name: _____

Phone Number: _____

E-Mail Address: _____

*Please provide us with a phone number
and email address that you check regularly

All information in this section must
be completed! If a team name is not
listed or is inappropriate, the
Recreational Services Staff will
assign the team a name.

STEP 2

Division: Mens Womens Co-Rec (circle one)

This section required!

Classification A B

STEP 3

Availability (Place an "X" in time slots when your team CANNOT play)

| | 9:00pm | 10:00 PM | 11:00 PM | |
|-----------|---------|----------|----------|--------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| | 6:00 PM | 7:00 PM | 8:00 PM | 9:00pm |
| Sunday | | | | |

This Section is required!
Any form submitted with this
section incomplete will result in
the team be scheduled at any time.
The more time slots open, the
more games a team may be
scheduled for.

STEP 4

Roster: (List all players that are a member of this team; all information required!)

| Name | Banner ID # | Phone # |
|-----------------------------|--------------|---------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| Captains Meeting Info Given | Yes | No |
| | * Circle one | |