

INTRAMURAL SPORTS



It's all about the t-shirt

SUNY Brockport - Recreational Services

Broomball

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:

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				
	9:00 PM	10:00 PM	11:00 PM	12:00am
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