INTRAMURAL SPORTS

2005-2006

It's all about the t-shirt

SUNY Brockport - Recreational Services

Indoor Soccer

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