

# INTRAMURAL SPORTS



*It's all about the t-shirt*

SUNY Brockport - Recreational Services

# Volleyball

**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](http://www.brockport.edu/recservices)

## STEP 1

|   |   |
|---|---|
| <b>Team Name:</b> _____   | 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. |
| <b>Captains Name:</b> _____   |   |
| <b>Phone Number:</b> _____  |   |
| <b>E-Mail Address:</b> _____  |   |
| *Please provide us with a phone number and email address that you check regularly |   |

## STEP 2

|                       |      |        |        |              |                        |
|-----------------------|------|--------|--------|--------------|------------------------|
| <b>Division:</b>      | Mens | Womens | Co-Rec | (circle one) | This section required! |
| <b>Classification</b> | A    | B      |        |              |                        |

## STEP 3

| <b>Availability</b> |         |          |          |        | <b>(Place an "X" in time slots when your team CANNOT play)</b>  |  |  |  |  |
|---------------------|---------|----------|----------|--------|---|--|--|--|--|
|                     | 9:00pm  | 10:00 PM | 11:00 PM |        | 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. |  |  |  |  |
| Monday              |         |          |          |        |   |  |  |  |  |
| Tuesday             |         |          |          |        |   |  |  |  |  |
| Wednesday           |         |          |          |        |   |  |  |  |  |
| Thursday            |         |          |          |        |   |  |  |  |  |
|                     | 6:00 PM | 7:00 PM  | 8:00 PM  | 9:00pm |   |  |  |  |  |
| Sunday              |         |          |          |        |   |  |  |  |  |

## STEP 4

| <b>Roster:</b>              | <b>(List all players that are a member of this team; all information required!)</b> |             |              |  |
|-----------------------------|---|-------------|--------------|--|
|                             | Name  | Banner ID # | Phone #      |  |
| 1                           |   |             |              |  |
| 2                           |   |             |              |  |
| 3                           |   |             |              |  |
| 4                           |   |             |              |  |
| 5                           |   |             |              |  |
| 6                           |   |             |              |  |
| 7                           |   |             |              |  |
| 8                           |   |             |              |  |
| 9                           |   |             |              |  |
| 10                          |   |             |              |  |
| Captains Meeting Info Given | Yes   | No          | * Circle one |  |