UNLV IM SPORTS REGISTRATION FORM

ENTRY PERIOD: Priority registration ends Friday, March 7, 2014 at the end of the SRWC Business Day. Late Registration will begin the next available day. Sport registration will end Friday, March 7, 2014 at 6:00pm.

REGISTRATION: Registration forms must be submitted to the SRWC Service desk prior to the conclusion of the registration period. Refunds will not be processed unless the event or specific sections are cancelled. Priority Registration: $45 per team

TEAM SCHEDULES: Teams must have their scheduling preferences set on their IMLeagues team page by Saturday, March 8, 2014, at 9:00am. Game schedules will be made available in the early afternoon of Saturday, March 8, 2014.

SPORT FORMAT: This sport event will be conducted in an OPEN PLAY ROUND ROBIN format with game play beginning on Monday, March 10, 2014. An end of season single elimination tournament will start on Tuesday, March 11, 2014.

TEAM NAME: ________________________________

CONFERENCE SELECTION
THIS IS A PREFERRED SELECTION; CONFERENCES MAY BE CONSOLIDATED
Co-Rec: ☐ Open       Men’s: ☐ Open      ☐ Greek       Women’s: ☐ Open      ☐ Greek

MANAGER CONTACT INFORMATION (ALL INFORMATION IS REQUIRED)
PRINTED NAME: _____________________________ REBEL CARD #: N ______ ______ ______ ______
SIGNATURE: _______________________________ PHONE ( ___ ___ ) ___ ___ - ___ ___
E-MAIL ___________________________ ☐ @unlv.nevada.edu
☐ @unlv.edu
☐ @OTHER

BY SUBMITTING THIS FORM, YOU – AS TEAM MANAGER – ACCEPT ALL RULES AND POLICIES SET FORTH BY INTRAMURAL SPORTS.

REBEL CUP REGISTRATION

ORGANIZATION NAME
WRITE IN REBEL CUP ORGANIZATION IF PARTICIPATING IN THE REBEL CUP COMPETITION.
POINTS WILL NOT BE GIVEN IF AN ORGANIZATION IS NOT INDICATED.
CLASSIFICATION: ☐ Co-Rec       ☐ Men’s Open      ☐ Women’s Open
☐ Men’s Greek      ☐ Women’s Greek      ☐ Res-Hall

COMPLETE THIS SECTION IF THE REGISTRATION PAYEE IS DIFFERENT THAN THE DESIGNATED TEAM MANAGER
PRINTED NAME: _____________________________ REBEL CARD #: N ______ ______ ______ ______
ADDRESS: _________________________________________________________________
CITY _____________________________ ZIP ______ ______ PHONE ( ___ ___ ) ___ ___ - ___ ___
E-MAIL ___________________________ ☐ @unlv.nevada.edu
☐ @unlv.edu
☐ @OTHER

SERVICE ATTENDANT USE ONLY

Date Paid: ___/___/____  Time: ____ : _____ A / P  SECTION: ______
Amount Paid: $__________  By: ☐ Cash      ☐ RebelCash      ☐ CC _______ ☐ Check# ______
Receipt #:_______________  Employee Printed Name: __________________________