

UNLV IM SPORTS REGISTRATION FORM

Dodgeball League

ENTRY PERIOD: Priority registration ends **Monday February 2**, at the end of the SRWC Business Day.

CAPTAIN'S MEETING: The mandatory captain's meeting will take place on **Wednesday February 4, 2015 at 5:30pm** in the SRWC Meeting Rooms.

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: **\$50 per team**



TEAM SCHEDULES: Teams must have their scheduling preferences set on their IMLeagues team page by **February 5**, at **9:00am**. The 1st week's game schedules will be made available no later than 5pm of **Friday, February 6, 2015**.

SPORT FORMAT: This sport event will be conducted in a **ROUND ROBIN** format with game play beginning on **Monday February 9, 2015**. An end of season tournament will start on **March 9, 2015**.

TEAM NAME: _____

CONFERENCE SELECTION

THIS IS A PREFERRED SELECTION; CONFERENCES MAY BE CONSOLIDATED

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 _____

SIGNATURE _____

SERVICE ATTENDANT USE ONLY

ACTIVITY: 105114

Date Paid: ____/____/____ Time: ____ : ____ A / P

SECTION: _____

Amount Paid: \$_____ By: ☐ Cash ☐ RebelCash ☐ CC _____ ☐ Check# _____

Receipt #: _____ Employee Printed Name: _____