UNLV IM SPORTS REGISTRATION FORM

Dodgeball Tournament

ENTRY PERIOD: Priority registration ends Tuesday May 5, 2015 at 12pm.

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: $25 per team

SPORT FORMAT: This sport event will be conducted in an OPEN PLAY ROUND ROBIN format on Tuesday May 5, 2015 followed by a CHAMPIONSHIP KNOCKOUT TOURNAMENT.

ORIENTATION: The Orientation Meeting will be held on Tuesday May 5, 2015 at 5:00pm in the SRWC LOBBY. Attendance is MANDATORY for all players.

TEAM NAME: ____________________________________________________________

CONFERENCE SELECTION
THIS IS A PREFERRED SELECTION; CONFERENCES MAY BE CONSOLIDATED
Co-Rec: □ Open

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

ACTIVITY: 105114

DATE PAID: ____/____/______ TIME: ____ : ____ A / P
AMOUNT PAID: $__________ BY: □ CASH □ REBELCASH □ CC __ __ __ __ □ CHECK #________
RECEIPT #: ___________________ EMPLOYEE PRINTED NAME: __________________________