UNLV IM SPORTS REGISTRATION FORM

ENTRY PERIOD: Priority registration ends Monday March 16, 2015, at the end of the SRWC Business Day.

CAPTAIN’S MEETING: The mandatory captain’s meeting will take place on Wednesday March 18, 2015 at 5pm 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 March 19, 2015, at 9:00am. The 1st week’s game schedules will be made available no later than 5pm of Friday, March 20, 2015.

SPORT FORMAT: This sport event will be conducted in a ROUND ROBIN format with game play beginning on Monday March 23, 2015. An end of season tournament will start on Monday April 20, 2015.

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
ACTIVITY: 105105
Date Paid: ____/____/____ Time: ____ : ____ A / P
Amount Paid: $__________ By: □ Cash □ RebelCash □ CC ________ □ Check#________
Receipt #:__________________ Employee Printed Name:__________________________