UNLV IM SPORTS REGISTRATION FORM

Indoor Soccer - Spring

ENTRY PERIOD: Priority registration ends Monday March 2, 2015, at the end of the SRWC Business Day.

CAPTAIN’S MEETING: The mandatory captain’s meeting will take place on Wednesday March 4, 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 Thursday March 5, 2015, at 9:00am. The 1st week’s game schedules will be made available no later than 5pm of Friday, March 6, 2015.

SPORT FORMAT: This sport event will be conducted in a ROUND ROBIN format with game play beginning on Monday March 9, 2015. An end of season tournament will start on April 20, 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 ______

REBEL CUP REGISTRATION
ORGANIZATION NAME _______________________________________

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: __________________________________________ 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:___________________________