**UNLV IM SPORTS REGISTRATION FORM**

**ENTRY PERIOD:** Priority registration ends **Tuesday September 30, 2014,** at the end of the SRWC Business Day.

**CAPTAIN’S MEETING:** The mandatory captain’s meeting will take place on **Thursday October 2, 2014 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: **$60 per team**

**Play Begins:** **Friday October 3, 2014.** Team Schedules will be made available by **Thursday October 2, 2014.**

**SPORT FORMAT:** This sport event will be conducted in a **Pool Play** format with game followed by a **CHAMPIONSHIP KNOCKOUT TOURNAMENT.**

**TEAM NAME:**

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**CONFERENCE SELECTION**

THIS IS A PREFERRED SELECTION; CONFERENCES MAY BE CONSOLIDATED

Co-Rec: □ Open

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**MANAGER CONTACT INFORMATION (ALL INFORMATION IS REQUIRED)**

**PRINTED NAME:** ________________________________ **REBEL CARD # : N ____________ ____________ ____________ ____________

**SIGNATURE:** ________________________________ **PHONE ( _____ ) _____ - _____

□ @unlv.nevada.edu □ @unlv.edu □ @OTHER ________________________________

**E-MAIL** ________________________________ **PHONE ( _____ ) _____ - _____

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

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**REBEL CUP REGISTRATION**

**ORGANIZATION(S) 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 □ Men’s Greek □ Women’s Open □ 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 ( _____ ) _____ - _____

□ @unlv.nevada.edu □ @unlv.edu □ @OTHER ________________________________

**E-MAIL** ________________________________ **SIGNATURE ________________________________

**SERVICE ATTENDANT USE ONLY**

**ACTIVITY:** 105408

**Date Paid:** ____/____/____ **Time:** ____ : ____ A / P **SECTION:** _______

**Amount Paid:** $__________ **By:** □ Cash □ RebelCash □ CC __________ □ Check#_______

**Receipt #:______________ Employee Printed Name:______________________________