UNLV IM SPORTS REGISTRATION FORM

Softball (S)

ENTRY PERIOD: Priority registration ends Monday April 6, 2015, at the end of the SRWC Business Day.

CAPTAIN’S MEETING: The mandatory captain’s meeting will take place on Wednesday April 8, 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 April 9 at 9:00am. The 1st week’s game schedules will be made available no later than 5pm of Friday, April 10, 2015.

SPORT FORMAT: This sport event will be conducted in a ROUND ROBIN format with game play beginning on Monday April 13, 2015. An end of season tournament will start on Monday May 4, 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.

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: 105109

Date Paid: ____/____/____ Time: _____ : _____ A / P
Amount Paid: $__________ By: □ Cash □ RebelCash □ CC _______ □ Check#___________
Receipt #:______________ Employee Printed Name:____________________________

Sign on the dotted line to accept all rules and policies set forth by Intramural Sports.