

UNLV IM SPORTS REGISTRATION FORM

Volleyball Tournament-April

ENTRY PERIOD: Priority registration ends **Thursday April 9, 2015** at the end of the SRWC business day.

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 **Friday April 10, 2015 at 1pm** followed by a **CHAMPIONSHIP KNOCKOUT TOURNAMENT**.

ORIENTATION: The Orientation Meeting will be held on **Friday April 10, 2015 at 1pm** 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 _____

SIGNATURE _____

SERVICE ATTENDANT USE ONLY

ACTIVITY: 105113

Date Paid: ____/____/____ Time: ____ : ____ A / P

SECTION: _____

Amount Paid: \$_____ By: ☐ Cash ☐ RebelCash ☐ CC _____ ☐ Check# _____

Receipt #: _____ Employee Printed Name: _____