UNLV IM SPORTS REGISTRATION FORM

ENTRY PERIOD: Priority registration ends Thursday September 11, 2014 at 12pm.

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: $5 per team

SPORT FORMAT: This sport event will be conducted in an OPEN PLAY ROUND ROBIN format on Thursday, September 11, 2014 followed by a CHAMPIONSHIP KNOCKOUT TOURNAMENT.

ORIENTATION: The Orientation Meeting will be held on Thursday, September 11, 2014 at 5:00pm in the SRWC LOBBY. Attendance is MANDATORY for all players.

TEAM NAME: ____________________________________________

CONFERENCE SELECTION
This is a preferred selection; conferences may be consolidated
Open: □ 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 __________________________

SERVICE ATTENDANT USE ONLY

ACTIVITY: 105415

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

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

Receipt #: ___________ Employee Printed Name: ________________________________