UNLV IM SPORTS REGISTRATION FORM

ENTRY PERIOD:  Priority registration ends **Friday September 6, 2013**, at the end of the SRWC Business Day. Late Registration will begin the next available day. Sport registration will end **Monday, September 9, 2013, at 6:00pm**.

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**
Late Registration: **$60 per team**

TEAM SCHEDULES:  Teams must have their scheduling preferences set on their IMLeagues team page by **Tuesday, September 10, 2013, at 9:00am**. Game schedules will be made available in the early afternoon of **Tuesday, September 10, 2013**.

SPORT FORMAT:  This sport event will be conducted in a **ROUND ROBIN** format with game play beginning on **Monday September 16, 2013**. An end of season tournament will start on **Monday October 7, 2013**.

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

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: 105107**
Date Paid: ____/____/____  Time: ____ : ____ A / P  SECTION: _______
Amount Paid: $__________ By: □ Cash □ RebelCash □ CC __ __ __ __ □ Check# _______
Receipt #:__________ Employee Printed Name: ___________________________