UNLV IM SPORTS REGISTRATION FORM

ENTRY PERIOD: Priority registration ends Wednesday, September 11, 2013 at the end of the SRWC Business Day. Late Registration will begin the next available day. Sport registration will end Wednesday, September 11, 2013.

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: $10 per team
Late Registration: $12 per team

TEAM SCHEDULES: This sport event will be conducted in a ROBIN ROBIN format on Wednesday, September 11, 2013

SPORT FORMAT: This sport event will be conducted in a ROUND ROBIN format with game play beginning on Tuesday, September 11, 2013 followed by a single elimination tourney.

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.

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  SECTION: _______
Amount Paid: $__________ By: □ Cash  □ RebelCash  □ CC ________  □ Check#__________
Receipt #:_________________ Employee Printed Name:________________________