



VOLLEYBALL

REGISTRATION FORM

TEAM NAME: _____

ORGANIZATION (if applicable) _____

DIVISION: **MEN** **WOMEN** **CO-REC**

TEAM CAPTAIN

* This will be the person we contact for meetings/schedule, etc. Please make sure this person is easily accessible and that all contact information is up to date!
*

NAME: _____

EMAIL: _____

PHONE #: _____

W# _____

CO- CAPTAIN

* If we cannot reach the Captain, we will contact the Co-Captain. We encourage both captains to attend meetings! *

NAME: _____

EMAIL: _____

PHONE #: _____

W# _____

Cross out the times your team is **UNAVAILABLE** to play during the regular season. The more times you leave open will allow you to play **more** games.

MON	TUES	WED	THU	SUN
4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm
6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm
7:00 pm	7:00 pm	7:00 pm	7:00 pm	7:00 pm
8:00 pm	8:00 pm	8:00 pm	8:00 pm	8:00 pm
9:00 pm	9:00 pm	9:00 pm	9:00 pm	9:00 pm
10:00 pm	10:00 pm	10:00 pm	10:00 pm	10:00 pm

NOTE: During playoffs, your team may play at times that are marked UNAVAILABLE.

READ CAREFULLY!

COMPLETE AND RETURN THE ATTACHED ROSTER ACCURATELY AND NEATLY. Fee is \$10.00 per player. *

WE WILL CHECK W#'s TO INSURE THE PARTICIPANTS ARE REGISTERED AT SOUTHEASTERN. PLEASE BE SURE YOUR TEAM MATES HAVE A SOUTHEASTERN ID—WHICH MUST BE PRESENTED AT THE START OF EACH GAME!

SCHEDULES WILL BE POSTED WEEKLY ON EZFACILITY.COM AS WELL AS ON THE INTRAMURALS BULLETIN BOARD INSIDE THE PSAC.

**IT IS YOUR RESPONSIBILITY TO CHECK THE BOARD OR WEB FOR YOUR TEAM'S SCHEDULE* ANY DISCREPANCIES TO THE SCHEDULE MUST BE ADDRESSED WITH US IMMEDIATELY. IF YOU WAIT UNTIL THE TIME YOUR GAME IS TO BE PLAYED, YOU WILL HAVE TO FORFEIT YOUR GAME.*

For information or concerns, please contact:
CHAD PENDARVIS
Chad.pendarvis@selu.edu or 985-549-2125

fee increases to \$15.00 per player if persons are added AFTER the captain's meeting

OFFICE USE ONLY

Date: _____ Number of Participants _____ x \$10.00 = _____ Emp. Initials: _____

Paid By: CASH CHECK # _____ VISA MC AM-EX LIONS LAN Card# _____

Receipt Reference # _____

RV 08/2009

TEAM NAME:		LEAGUE:	
CAPTAIN	PHONE #	W #	CO-CAPTAIN
			PHONE #
			W #

#	FIRST name	LAST name	W #	email address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

LIMIT 10 players per Team, including one Team Captain and one Co-Captain.

INTRAMURAL FEE is \$10.⁰⁰ *per player*. Please collect all fee money before submitting roster and registration form.

CAPTAIN'S MEETING: SEPTEMBER 16th, 2009. 8pm-Pennington Student Activity Center Room 108

If players are added to your roster AFTER the CAPTAIN'S MEETING, the fee increases to \$15.00 per added player.

Season Play Begins the week of September 21st. All games will be played at the PSAC.