



**MIAMI UNIVERSITY INTRAMURAL SPORTS
IFC SPORTS FOR POINTS
ENTRY FORM**

GREEK ORGANIZATION:			
SPORTS CHAIR NAME:		PHONE #:	
TEAM CAPT. NAME:			
ADDRESS:			
BANNER PLUS #:		BIRTHDATE:	
PHONE:	() _____ - _____	E-MAIL:	

FALL SPORTS

<i>Sport Name</i>	<i>Course Code</i>	<i>Cost</i>	<i># of teams</i>	<i>Sport Name</i>	<i>Course Code</i>	<i>Cost</i>	<i># of teams</i>
OUTDOOR SOCCER				FLAG FOOTBALL			
LEAGUE FA1	21768	\$70/team	_____	LEAGUE FA1	21730	\$70/team	_____
LEAGUE FA2	21769	\$70/team	_____	LEAGUE FA2	21731	\$70/team	_____
LEAGUE FA3/4	21770	\$70/team	_____	LEAGUE FA3/4	21732	\$70/team	_____

SPRING SPORTS

<i>Sport Name</i>	<i>Course Code</i>	<i>Cost</i>	<i># of teams</i>	<i>Sport Name</i>	<i>Course Code</i>	<i>Cost</i>	<i># of teams</i>
SPRING BASKETBALL				RACQUETBALL TOURNAMENT			
LEAGUE FA1	22086	\$70/team	_____	SINGLES	22106	\$10/person	_____
LEAGUE FA2	22087	\$70/team	_____	DOUBLES	22107	\$15/team	_____
LEAGUE FA3/4	22088	\$70/team	_____				
INDOOR SOCCER				ULTIMATE FRISBEE			
LEAGUE FA1	22068	\$70/team	_____	LEAGUE FA1	21967	\$70/team	_____
LEAGUE FA2	22069	\$70/team	_____	LEAGUE FA2	21968	\$70/team	_____
LEAGUE FA3/4	22070	\$70/team	_____	LEAGUE FA3/4	21969	\$70/team	_____
INDOOR VOLLEYBALL							
LEAGUE FA1	22058	\$70/team	_____				
LEAGUE FA2	22102	\$70/team	_____				
LEAGUE FA3/4	22103	\$70/team	_____				
SOFTBALL							
LEAGUE FA1	22154	\$70/team	_____				
LEAGUE FA2	22155	\$70/team	_____				
LEAGUE FA3/4	22156	\$70/team	_____				

1. One team/participant will be registered for each sport marked.
2. All rosters for each sport are due at the Organizational Information Meeting
3. Only one team is allowed to register for the Fraternity point leagues and tournaments. All other teams must participate in the Independent leagues.

TOTAL AMOUNT DUE: _____

As captain of this team I am responsible for paying all forfeit fees which are charged to my Bursar Bill, and I have checked the eligibility of all members of my team and certify that they are all eligible according to the Intramural Policies.
I understand I must withdraw no later than the organizational meeting for each sport in order to receive a full refund.

SIGNATURE
OFFICE USE ONLY

Payment Method: Cash _____	Check # _____	Bursar _____	Student Org Acct # _____
Class Registration Entry: _____	Date _____	Staff Initials _____	Receipt Given YES / NO
Fees charged: _____	Reason: Registration Forfeit	Date: _____	Copied: _____
Fees charged: _____	Reason: Registration Forfeit	Date: _____	Copied: _____
Fees charged: _____	Reason: Registration Forfeit	Date: _____	Copied: _____

PROGRAM AREA: Intramural Sports REVENUE CODE: 3611
TOTAL AMOUNT: _____ STAFF INITIALS: _____
**** No taxable items can be charged to the Bursar**