



Intramural Sports

Medical College of Georgia
DA-1000
Augusta, Georgia 30912
(706) 721-6066

Intramural Sports Individual/Dual Sport Entry Form

Sport: Badminton

Registration Deadline: Wednesday, February 6th

Participant's Information

Name: _____

Phone #: _____

E-mail: _____

Participant's Information (for dual events only)

Name: _____

Phone #: _____

E-mail: _____

This certifies that I understand, and will abide by all the Intramural Sports polices and procedures. I, _____, will read the Intramural Sports Participant Handbook and rules for the sport listed above. I recognize my responsibility for knowing the eligibility rules governing this activity. I am responsible for checking schedule information and for being ready to play at the correct time, on the correct date in order to avoid a forfeit. If I do forfeit, I understand that I will be dropped from the league/tournament.

Captain's Signature

Date

Division: (select one)

Men's

Women's

CoRec

Singles

Doubles

Preferred Scheduling:

N/A

*Please note that these preferences do not guarantee any specific times or dates, it helps to provide scheduling assistance in order to avoid conflicts.

Entry Fees: (due in full at time of registration)

- Student: \$5.00/participant
- Member: \$5.00/participant
- Non-Member: \$10.00/participant

*For doubles teams, each participant must pay the respective fee.

For Office Use Only

Date Received: _____

From of Payment: (select one)

Visa

Mastercard

Discover

Money order

MCG Express

Check

Amount Paid: _____

Receipt #: _____