



Intramural Sports

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

Intramural Sports Individual/Dual Sport Entry Form

Sport: Table Tennis

Registration Deadline: Wednesday, March 19th

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

Preferred Scheduling:

Time: ___Any ___Before 7:30 ___After 7:30

*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
- Member: \$5.00
- Non-Member: \$10.00

Refunds will not be granted after the initial schedule has been posted. Fees may be transferred to a different session or program upon the approval of the Wellness Center.

For Office Use Only

Date Received: _____

Amount Paid: _____

From of Payment: (select one)

___ Visa

___ Mastercard

___ Discover

___ Money order

___ MCG Express

___ Check

