



# Intramural Sports

Medical College of Georgia  
DA-1000  
Augusta, Georgia 30912  
(706) 721-5055

## Intramural Sports Team Entry Form

Sport: Softball

Registration Deadline: Wednesday, February 27

Team Name: \_\_\_\_\_

School/Year: \_\_\_\_\_

### Captain's Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Co-Captain's Information

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 and communicating these to all of my team members. I am responsible for checking schedule information and for having my team members ready to play at the correct time, on the correct date in order to avoid a forfeit. If my team does forfeit, I agree to contact the Intramural Sports office within 24 hours to be reinstated or my team will be dropped from the league.

\_\_\_\_\_  
Captain's Signature

\_\_\_\_\_  
Date

Division: (select one)

Men's

Co-Rec

Preferred Scheduling:

Time:  Any

Before 7:30

After 7:30

Blocked Day: (*Only if necessary*)

Please check ONE day that your team **cannot** play.

Mon.

Tues.

Wed.

Thurs.

\*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 Team: \$40.00 Team roster must be students only.

Campus Team: \$95.00 Team roster with 4 or more non-students.

(Non-student refers to any MCG faculty, staff, housestaff, resident, or Wellness Center member.)

For Office Use Only

Date Received: \_\_\_\_\_

From of Payment: (select one)

Visa

Discover

MCG Express

Mastercard

Money order

Check

Amount Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Team Roster  
Softball

Team Name: \_\_\_\_\_

First Name	Last Name	Student/Employee/Spouse	E-mail
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



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