



Intramural Sports

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

Intramural Sports Team Entry Form

Sport: Soccer

Registration Deadline: Wednesday, March 26th

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 8:00

After 8:00

Blocked Day: (*Only if necessary*)

Please check a 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.

Member Team: \$95.00 Team roster with 3 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
Soccer

Team Name: _____

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



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