

CLARKE COLLEGE INTRAMURALS INDIVIDUAL, DUAL, OR TEAM ENTRY FORM

Date: _____ Activity: _____

**** PLEASE SIGN UP FOR EACH EVENT SEPARATELY*

Name: _____ Gender: Male/Female
E-MAIL ADDRESS: _____

Partner: (If Doubles): _____
E-MAIL ADDRESS: _____

Team Name: _____ Team Captain: _____

Team Roster:

NAME	GENDER	E-MAIL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

****PLEASE RETURN TO ZARETH GRAY, INTRAMURAL DIRECTOR, 308 KEHL CENTER BY
REGISTRATION DATE AND TIME.*