

CLARKE UNIVERSITY INTRAMURALS

Individual, Dual, or Team Entry Form

Date: _____ Activity _____

*Please sign up for each activity separately.

Name _____ Gender Male/Female

Partner (If doubles): _____

E-mail Address _____

Team Name: _____ Captain: _____

Team Roster:

Name	Gender	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____

Please return to athletics office by registration deadline.