



INTRAMURAL CO-ED DODGEBALL REGISTRATION

Team Name: _____

Captain (Contact Person): _____

Cell Phone: _____ E-Mail: _____

Team Roster – Must have at least 5 players and each team member must be a SRC student or staff member to participate in intramurals

First & Last Names:	E-Mail
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Play will begin November 5th @ MPB Gym