

# Basketball 5 VS. 5

## Entry Form

TEAM NAME: \_\_\_\_\_

CAPTAIN'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**TEAM ROSTER (first name, last name) – a minimum of 5 players and a maximum of 8:**

**PLEASE PRINT CLEARLY!!**

|    | NAME | E-mail | Phone |
|----|------|--------|-------|
| 1) |      |        |       |
| 2) |      |        |       |
| 3) |      |        |       |
| 4) |      |        |       |
| 5) |      |        |       |
| 6) |      |        |       |
| 7) |      |        |       |
| 8) |      |        |       |

**By signing below, I agree to the conditions and will be responsible for communicating this information to my teammates:**

- As team captain, I certify that I have read and understand all ASU Intramural Sports Eligibility Guidelines.
- I understand that if my team forfeits an Intramural Sports contest, my team may not be eligible to participate in the playoffs.
- I am aware that I or a team representative must attend the Captain's Meeting. If my team does not have representation at the meeting, we will lose our spot in the league.
- I will be responsible for educating my team about the Team Sportsmanship and Ejection Policies.
- I will be responsible for making sure that each of my teammates are made aware that they must have their Student ID prior to every contest in which he/she participates.

Captains Signature: \_\_\_\_\_ DATE: \_\_\_\_\_