



TEAM ROSTER

2019 STATE OF WISCONSIN EXTRAMURAL TOURNAMENT TEAM ENTRY FORM

(PLEASE PRINT CLEARLY)

Team Name: (circle one) MEN WOMEN

Institution: Phone:

Captain: Date:

Address: Payment (circle): University Check / Cashier's Check / Money Order / Cash

City/State/Zip: Does your campus use IM Leagues? (circle one) YES NO

E-mail:

RANK	
Staff	6
Grad	5
Sr.	4
Jr.	3
So.	2
Fr.	1

TEAM ROSTER

#	Player's Name	Identification #	M/F	University E-mail Address: (Ex:@marquette.edu)	Phone(include area code)	Rank
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

*I verify that the individuals listed above are currently enrolled students or presently employed faculty/staff members of our institution, are all members of the same institution, are not current members of the varsity basketball team or were not members the preceding academic year (including red-shirts), and have not played professional basketball at any time!

Intramural Director (Please Print) _____ Date _____ Intramural Director Signature _____

IM Director's Phone Number