

The University of the Cumberland
2nd Intramural Basketball Tournament
March 29, 2008
Phone: (606) 539-4437 Fax: (606) 539-4467

Team Roster Form

Institution _____

Team Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Manager or Captain _____

Intramural Director _____ Phone _____

	Name	Roster	SSN# or Unv. I.D.#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

I certify that the above ___(indicate number of players) names on this roster are currently enrolled at my institution. I am aware that participants must secure their own personal medical insurance.

SIGNATURE _____
Intramural Director Date

My signature and seal verify that the names on this roster are currently enrolled students at this institution.

REGISTRAR'S SIGNATURE _____

Date

REGISTRAR'S SEAL

DEADLINE FOR ENTRY IS MARCH 7, 2008