



CYPRUS UNIVERSITY OF TECHNOLOGY

Office of Academic Affairs and Student Services

ATHLETICS OFFICE

INTRAMURAL TEAM SPORTS @ CUT

2010 - 2011

SPORT.....NAME.....

TEAMS CAPTAIN AND MOBILE PHONE

CAPTAINS EMAIL

FIRST/LAST NAME

1.....DEPARTMENT/SERVICE.....TEL.....

2..... DEPARTMENT/SERVICE..... TEL

3..... DEPARTMENT/SERVICE.....TEL

4..... DEPARTMENT/SERVICE.....TEL

5..... DEPARTMENT/SERVICE.....TEL

6..... DEPARTMENT/SERVICE.....TEL

7..... DEPARTMENT/SERVICE.....TEL

8..... DEPARTMENT/SERVICE.....TEL

9..... DEPARTMENT/SERVICE.....TEL

10..... DEPARTMENT/SERVICE.....TEL

DATE.....

CAPTAINS SIGNATURE.....

Athletics Office 25 002413

evros.demosthenous@cut.ac.cy

🕒 Application Deadline 15.10. 2010

Submit this form at Athletics Office



CYPRUS UNIVERSITY OF TECHNOLOGY

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INDIVIDUAL SPORTS

I WOULD LIKE TO PARTICIPATE AT THE SPORT BELOW

(Please write the Sport that interests you).....

CONTACT INFORMATION

FIRST and LAST NAME

STATUS: UNIVERSITY STAFF MEMBER STUDENT

UNIVERSITY DEPARTMENT.....

CELL PHONE

EMAIL.....

DATE

SIGNATURE

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