

PRINCETON UNIVERSITY – INTRAMURAL SPORTS FLOOR HOCKEY ROSTER



Team Name: _____

Please circle and list the following information:

League: Eating Club: _____ College: _____ Independent
(print name) (print name)

Division: Men's _____ Women's _____ CoRec _____

Skill Level: A (Competitive) _____ B (Recreational) _____

Team Cap (last name)	Team Cap (first name)	Phone #
Email	Alt Team Cap	Alt Email

Cross out the hours your team can not participate. INDICATE AS FEW AS POSSIBLE! This will be a **Tue, Thu ONLY** sport, however games may be added to Mon & Wed as needed!

Tue	6:00pm	7:00pm	8:00pm	9:00pm	10:00pm	11:00pm
Thu	6:00pm	7:00pm	8:00pm	9:00pm	10:00pm	11:00pm

Specific days/times your team cannot play due to exams, holidays etc? _____

This form will only be accepted with the proper forfeit fee (\$50 per team). Form due by 5pm on **Thu, Feb 5th!**

INTRAMURALS ARE OPEN ONLY TO VALID PRINCETON UNIVERSITY STUDENTS, FACULTY & STAFF

Last name	First Name	College/Yr	M/F
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Please Fill Out All Information – PLEASE PRINT LEGIBLY!!