

ADELPHI INTRAMURAL SPORTS TEAM ROSTER FORM

SPORT: 3 on 3 Volleyball Charity Event (3/7, 8 PM)

TEAM NAME: _____

CAPTAIN: _____ **PHONE#:** _____

CAPTAIN'S EMAIL ADDRESS: _____

NOTE: Teams will not be put on schedule until rosters are completely filled out.

Please write full names along with Soc Sec #s & Class clearly and accurately (office only)

	STUDENT'S NAME	PHONE	STUD ID #	CLASS		C/R	E	W
1								
2								
3								

AS CAPTAIN OF THIS TEAM I CERTIFY THAT EACH PLAYER ON THIS ROSTER
IS ELIGIBLE TO PARTICIPATE ACCORDING TO THE RULES OF ADELPHI'S
INTRAMURAL POLICIES.

CAPTAIN'S SIGNATURE

DATE