

FLAG FOOTBALL TEAM ENTRY FORM

THIS ENTRY FORM MUST BE TURNED IN AT THE MANAGER'S MEETING ONLY.

TEAM NAME: _____

CIRCLE ONE: WOMEN'S MEN'S CO-ED

TEAM MANAGER: _____ PHONE: _____

MANAGER'S LOCAL/SCHOOL ADDRESS: _____

TEAM ROSTER – Limited to 6
(PLEASE PRINT FULL NAME)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

There shall be no changes made to the player roster once a team has played it's second contest. The entry form becomes official at that point. Duplicate rosters should be made, one for the manager's use and one for Rec Sports/Intramurals use.

As team manager, I understand the manager's duties at the University. The players listed on my roster are students at the university. Further, I understand that each player plays at his/her own risk and is responsible for his/her own insurance policy. I will notify each player concerning this policy.

MANAGER'S NAME, PRINTED

MANAGER'S SIGNATURE

DATE