UNIVERSITY OF RHODE ISLAND 401.874.5972 www.uri.edu/recservices/imsports

INTRAMURAL SPORTS

INNER TUBE WATER POLO TOURNAMENT ENTRY FORM

Team Name:	
Division: Co-Rec ☐ **ALL TEAMS MUST BE COED TEAMS**	
Captain's Name:	Alternate Captain:
Address:	Address:
City/State/Zip	City/State/Zip
Phone:	Phone:
Email:	Email:

The Inner Tube Water Polo Tournament will be offered in a double elimination format. Team entries are due in the IMS Office no later than 5pm on Friday, October 23. Games will begin on Sunday, November 8, 2009. All tournament games will be played on ***Sundays*** at 3pm or later until the tournament is completed.

IN ADDITION TO PAYING THE TOURNAMENT ENTRY FEE AND FORFEIT DEPOSIT ($50 TOTAL), ALL TEAMS MUST HAVE A REPRESENTATIVE (PREFERABLY THE TEAM CAPTAIN) AT THE MANDATORY CAPTAINS MEETING (TUESDAY, OCTOBER 27, 8:30PM, KEANEY GYM ROOM 210). TEAMS THAT ARE NOT PRESENT AT THE CAPTAINS MEETING WILL NOT PARTICIPATE IN THE TOURNAMENT.

Player Name	URI ID #	Email Address

NOTE: Rosters must be completely filled out in order to be eligible for entry. Incomplete forms will not be accepted. Team names are subject to change if deemed inappropriate by the Coordinator of Intramural Sports.

PLEASE READ AND SIGN - As the captain of my team, I agree to operate my team within the guidelines established by the Intramural Sports Program. I have checked the eligibility of all of my team's players and assume full responsibility in the event of any discrepancies. I am also responsible for paying any forfeit fees incurred by my team during the season and understand that failure to comply with these rules will result in disciplinary action as outlined in the Intramural Sports Handbook.

CAPTAIN'S SIGNATURE _____ **DATE** _____

For office use only

Collected by _____

Date _____

Amount paid $_____

☐ Cash ☐ Check #_____