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

INTRAMURAL SPORTS

INDOOR SOCCER LEAGUE ENTRY FORM

Team Name:	
Division: *Men* ☐ *Co-Rec* ☐ *Women* ☐	
Captain's Name:	Alternate Captain:
Address:	Address:
City/State/Zip	City/State/Zip
Phone:	Phone:
Email:	Email:

The Indoor Soccer League will be a 5-game round robin format regular season followed by a single elimination tournament for all qualified teams. Team entries are due in the IMS Office no later than 5pm on Friday, October 23. League play will begin on Wednesday, October 28, 2009. Matches will be played on Sundays through Wednesdays starting no earlier than 6pm (Sunday matches may begin as early as 4pm). Space is limited and we expect to reach full capacity for this event. A wait list will be established once capacity is reached. Submit your forms prior to the deadline.

ALL TEAMS MUST PAY THE LEAGUE ENTRY FEE AND A FORFEIT DEPOSIT TOTALING $50. EACH TEAM MUST ALSO HAVE A REPRESENTATIVE (PREFERABLY THE TEAM CAPTAIN) AT THE MANDATORY CAPTAINS MEETING ON MONDAY, OCTOBER 26 AT 8PM IN KEANEY GYM ROOM 208 (CLASSROOMS ON 2nd FLOOR). TEAMS THAT ARE NOT PRESENT AT THE CAPTAINS MEETING WILL NOT BE SCHEDULED IN THE LEAGUE AND WILL FORFEIT THEIR SPOT TO TEAMS ON THE WAIT LIST.

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 #_____