

Entry & Roster Form ACIS Regional Basketball Tournament



Institution: _____
Team Name: _____
Division: _____
Team Captain: _____
Address: _____
Phone Number: _____
Email Address: _____

PLEASE PRINT Team Roster (Rosters are limited to 12 players)

Last Name	First Name	SS# (Last 4 digits)	E-mail Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

I certify that the above _____ (indicate #) players are current students/faculty/staff at our institution and are eligible for participation in the intramural sports program.

Signed _____
Intramural Director
 Phone _____

Signed _____
Registrar's Office
 Phone _____

** Please include Registrar's seal to confirm eligibility of ALL participants.*

Mail this entry form with \$200 certified check or money order to:

MTSU Campus Recreation
 c/o David Tippet
 Box 556
 Murfreesboro, TN 37132

ROSTER CHANGES ARE NOT BE PERMITTED AFTER REGISTRATION.