

WKCTC Intramural Volleyball Registration Form

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID number: _____

Phone number: _____ Email address: _____ Shirt size: _____

Please list your class times:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

All team members must submit this form to play Intramural Volleyball

All teams must have 2 female players on the court at all times. Please keep this in mind when creating teams.

Do you have a group of people selected to create a team? Y / N If so, please list their names:

Return forms to: Daniel Potts, Haw Gym, 534-3223 or Amy Elmore, ATB 101B, 534-3118 BEFORE September 26th.