

2015 VRSA State Flag Football Tournament **James Madison University** October 17-18, 2015 **Tournament Registration Form**



Institution:	Team Name:				
Team Rep:	League (circle):	Men's	Women's		Co-Rec
Phone:	Email Address:				
Address:	City:		_ State:	_ Zip:	
Intramural Director:	Phone:	Email:			

Incomplete forms or entries submitted without a Tournament Registration Form, entry fee, or Campus Recreation representative signature will NOT be accepted. This original Tournament Registration Form with your institutions Registrar's seal must be received by the entry deadline of October 11, 2015.

Please print player's names; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams

Player Participant Name (please print)		Participant Signature	Student ID #	Completed by Registrar Fall 2015: Quarter or Semester		
			UG or GR	# of Credits		
1				UG/GR		
2				UG/GR		
3				UG/GR		
4				UG/GR		
5				UG/GR		
6				UG/GR		
7				UG/GR		
8				UG/GR		
9				UG/GR		
10				UG/GR		
11				UG/GR		
12				UG/GR		
13				UG/GR		
14				UG/GR		
15				UG/GR		
16*				UG/GR		

*Co-Rec teams only

To be completed by Registrar's Office

Please place your institution' information on this form. By drawing a line under the l	your institution for a student to be cost s seal of certification in the box to the ast participant verified and by signing ove are currently enrolled for the list	ne right in order to validate the ng below, I certify that the	Place institution's seal here
Signature	Date	Phone	