



# Registration Form



## 1<sup>st</sup> Annual Duluth Intramural Classic

November 13-15, 2009

This is to confirm our participation as a team/player at the Duluth Intramural Classic to be held on the campus of the University of Minnesota – Duluth, November 13-15, 2009. I am aware that all participants must secure their own medical and travel insurance.

Recreational Sports Director: \_\_\_\_\_ College/University: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Team Manager: \_\_\_\_\_  
 Team Manager Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail Address: \_\_\_\_\_

Entry Fee: \$150

There will be a mandatory manager's meeting on November 13, 2009

### Registration Procedures:

1. Mail entries and payment (post marked) by November 9, 2009
2. A \$25.00 late fee will be assessed after November 9, 2009
3. Refunds and registration forms will not be considered after November 9, 2009

### Mail this application and registration fee to:

Joel Sanderson  
 University of Minnesota Duluth  
 Recreational Sports Outdoor Program, SpHC 153  
 1216 Ordean Court  
 Duluth, MN 55812

| Player's Name | Player's Signature | ID No. | Year in School |
|---------------|--------------------|--------|----------------|
| 1. _____      | _____              | _____  | _____          |
| 2. _____      | _____              | _____  | _____          |
| 3. _____      | _____              | _____  | _____          |
| 4. _____      | _____              | _____  | _____          |
| 5. _____      | _____              | _____  | _____          |
| 6. _____      | _____              | _____  | _____          |
| 7. _____      | _____              | _____  | _____          |
| 8. _____      | _____              | _____  | _____          |
| 9. _____      | _____              | _____  | _____          |
| 10. _____     | _____              | _____  | _____          |
| 11. _____     | _____              | _____  | _____          |
| 12. _____     | _____              | _____  | _____          |
| 13. _____     | _____              | _____  | _____          |
| 14. _____     | _____              | _____  | _____          |
| 15. _____     | _____              | _____  | _____          |
| 16. _____     | _____              | _____  | _____          |
| 17. _____     | _____              | _____  | _____          |
| 18. _____     | _____              | _____  | _____          |
| 19. _____     | _____              | _____  | _____          |
| 20. _____     | _____              | _____  | _____          |

This is to confirm our institution's participation as a team in the Duluth Intramural Classic to be held on the campus of the University of Minnesota – Duluth, November 13-15, 2009. I hereby certify that all of the above listed names meet the tournament's eligibility requirements.

**Recreational Sport's Director Signature:** \_\_\_\_\_

Payment Options: Check or Credit Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_ Amount Charged: \_\_\_\_\_