

STUDENT REGISTRATION FORM

14TH ANNUAL BIG PINK VOLLEYBALL TEAM

REGISTRATION FORM

REGISTRATION FORM AND TEAM CONTRIBUTION DUE OCTOBER 14 BY 4:30PM IN THE
CAMPUS RECREATION OFFICE

Team Name: _____

Captain's Last Name/Phone #: _____

Please check off your desired bracket and write your organization name on appropriate line

Residence Hall _____

Club / Organization (Academic Greeks included) _____

Greek (Social) _____

Independent _____

PLAYER NAME (#1 is Team Captain)	ID #	E-MAIL ADDRESS @WIU.EDU	\$5	PLAYER TOTAL
1.			\$5	
2.			\$5	
3.			\$5	
4.			\$5	
5.			\$5	
6.			\$5	
7.			\$5	
8.			\$5	
9.			\$5	
10.			\$5	

MAKE CHECKS PAYABLE TO "Campus Recreation-Charitable"
DPAs use #9-01000 (No payments of t-shirts with DPAs)

Additional donations = \$ _____
Team Total Contribution = \$ _____

NO REFUNDS

For office use only: _____ # of players = \$ _____
Total additional donations = \$ _____
Total Enclosed = \$ _____

Receipt #: _____
Taken by: _____