

Spokane Community College

Intramural Sports Team Roster (circle one)

Men's Women's Coed

Team Name _____

Activity (circle one)

Basketball Soccer Tennis Volleyball

Preferred day(s) & time(s) to play: 1. _____ 2. _____

Captain's name (please print) _____ Phone No. _____

Captain's signature _____ Email _____

Player's Name
(Please Print)

ID number (must have to participate)
(Please indicate: student, faculty or staff)

Phone No.

| | | |
|-----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |
| 11. _____ | _____ | _____ |
| 12. _____ | _____ | _____ |

* Leagues and game times will be determined by the number of teams participating and the availability of gym time. Depending on number of team entries Men's, Women's & Coed teams may compete against each other.