BCTC INTRAMURAL FLAG FOOTBALL ROSTER

League: BCTC Intramurals:	**Team Name:** **Team Colors:**
Captain/Team MGR:	**Captain/Team MGR Cell #:**
BCTC Intramural Contact: Donna Murphy **Address:** 103J Oswald Bldg. Cooper Campus **Office:** 246-6529 **E-mail:** donnalj.murphy@kctcs.edu	

NAME (**Print** First and Last Name)	**SIGNATURE**	**SEX M/F**	**CELL #**	**E-MAIL**
Captain/Team MGR:				
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For Official Use Only
Fees: _____
Staff Int.: _____