

BCTC INTRAMURAL FALL SPORTS ROSTER

Check SPORT: ___SOCCER ___VOLLEYBALL ___FLAG FOOTBALL

League: BCTC Intramurals:	Team Name:	Team Colors:
Team Manager Name:	Team Manager Cell #:	

NAME <small>(Print First and Last Name)</small>	SEX M/F	CELL #	E-MAIL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**It is my responsibility as Team Manager to make sure the roster above is accurate and that the team is aware of the game rules.*

Team Manager Signature: _____ Date: _____