

Intramural Sports Notice of Forfeiture Form



Tournament/League: _____ Date: ____/____/____

Team Name: _____ Captain's Name: _____

I request that our game versus _____ Scheduled for (date) ____/____/____ at _____,
On Court/Field _____ Be forfeited with my team receiving the loss and the
opponent the win.

Signed: _____
Captain of Forfeiting Team

OFFICE USE ONLY

Campus Recreation office

Date Received: ____/____/____

Location: Recreation Center (Arroyo Hall)

Name: _____

Telephone: (805) 437-8902

Signature: _____

E-mail: campusrecreation@csuci.edu