Intramural Sports Roster Change Request

Date: ___/___/___

Team Name: __________________ Division: __________________

Day Phone: _______________ Email: __________________

**ADD: Players to be added to your team:**

Player’s Name: __________________

CI Picture ID#: __________________

Day Phone: _______________ Email: __________________

**DROP: Players to be dropped from your team:**

Player’s Name: __________________

CI Picture ID#: __________________

Day Phone: _______________ Email: __________________

Reason for dropping: __________________________________________________________

Signed: ____________________________

Captain of Forfeiting Team

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OFFICE USE ONLY

Date Received: ___/___/___

Location: Recreation Center (Arroyo Hall)

Name: __________________________

Telephone: (805) 437-8902

Signature: ______________________

E-mail: campusrecreation@csuci.edu