

# 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: \_\_\_/\_\_\_/\_\_\_

## **Campus Recreation office**

Location: Recreation Center (Arroyo Hall)

Name: \_\_\_\_\_

Telephone: (805) 437-8902

Signature: \_\_\_\_\_

E-mail: [campusrecreation@csuci.edu](mailto:campusrecreation@csuci.edu)