

Casper College
Office of Student Activities
125 College Drive
Casper WY 82601
268-2638

Team Roster

Team Name _____ **Sport** _____

I hereby agree that the following persons are eligible to participate on this team in accordance with intramural policies.

Signature of Team Captain or Rep **Address** **Date**

Please Print

Name	Male/Female	Student ID #	Phone #
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