

15TH ANNUAL GEORGIA COLLEGIATE



GEORGIA STATE UNIVERSITY
FEBRUARY 19-21, 2010

TEAM ROSTER

Institution: _____ Team Name: _____ Division: MEN WOMEN

Captain's Name: _____ Phone Number: _____

E-mail: _____

PLAYER NAME (Please Print)	SCHOOL ID NUMBER	# Hours	Level (circle)
1. _____	_____	_____	UG or GR
2. _____	_____	_____	UG or GR
3. _____	_____	_____	UG or GR
4. _____	_____	_____	UG or GR
5. _____	_____	_____	UG or GR
6. _____	_____	_____	UG or GR
7. _____	_____	_____	UG or GR
8. _____	_____	_____	UG or GR
9. _____	_____	_____	UG or GR
10. _____	_____	_____	UG or GR
11. _____	_____	_____	UG or GR
12. _____	_____	_____	UG or GR

* I verify that the _____ above students are enrolled in at least 6-credit hours (or have half-time status if a graduate student) in our institution during the 2010 spring semester.

Signature _____ Date _____ Seal:
Registrar's Office Staff Member

* I verify that the _____ above students are enrolled in our institution and are eligible under our intramural guidelines and policies during the 2010 spring semester.

Signature _____ Date _____
Intramural Coordinator