



Team Application

Submit completed form to **Student Activities** (Commons 2nd Floor) no later than **October 12, 2007 by 5 p.m.**

Team name: _____

Team Captain: _____

Last 4 digits of ssn: _____ **ph#:** _____ **e-mail:** _____

Team members: _____ **last 4 digits of ssn:** _____

_____ **last 4 digits of ssn:** _____

_____ **last 4 digits of ssn:** _____

Alternate: _____ **last 4 digits of ssn:** _____

Note: Grades and status will be checked only for eligibility purposes – personal academic information will not be released

Team Coach (not required): _____

ph#: _____ **e-mail:** _____

Team Affiliation (optional): Greek: _____ Residence Hall: _____ Other: _____
Student Life: _____ Athletics: _____

Please attend one of two Team Training Dates:

Tuesday, October 16th at noon in UC 272

Tuesday, October 16th at 8:30 p.m. in UC 265

For office use only:

_____ approved by UCSA/Honors

_____ declined by UCSA/Honors

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