



AT THE UNIVERSITY OF NEW BRUNSWICK



Intramural Sports Team Registration

SPORT: _____

TEAM NAME: _____

(must adhere to naming policy)

League: (select one) Men Women Co-Rec

Faculty/House Name: _____

Division: (select one) Recreational Competitive

Manager: _____ **Phone#:** _____ **Email:** _____

#	NAME	STUDENT #	Affiliation: UNB, or Intramural Membership
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