

# MUSC INTRAMURAL SOFTBALL ROSTER 2008

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

COMPETITIVE \_\_\_\_\_

Co-Rec \_\_\_\_\_

Team Captain: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

- 1) *Persons eligible to play MUSC Intramurals are MUSC students, spouses of MUSC students, staff, faculty, and Wellness Center members.*
- 2) *Individuals listed on this roster who are not "eligible" will result in suspension of this team.*
- 3) *Additions to rosters (new players) will be accepted through the 4<sup>th</sup> week of play (Monday, March 3rd) & must be submitted in person by the Team Captain to the Student Programs Office.*
- 4) *There are risks inherent in this activity. Each player is responsible for themselves and any medical expenses incurred due to an injury.*

Is your team in need of extra players? If so, would you be willing to accept a player who does not belong to an organized team as a player on your team?

YES

NO

(See back to list team members)

<b>Team captain:</b>	<b>Affiliation with MUSC:</b>				
	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
<b>Team members:</b>	<b>Affiliation with MUSC:</b>				
1.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member

2.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
3.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
4.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
5.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
6.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
7.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
8.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
9.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
10.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
11.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
12.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
13.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
14.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
15.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
16.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
17.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
18.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
19.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
20.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
21.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member
22.	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse student's name- College-	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Wellness Center Member