



TEAM INFORMATION FORM

(PLEASE PROVIDE ALL INFORMATION REQUESTED)

Section I

Intramural Sports: *verify below and move to section III*

** if participating in a program outside the Intramural Series move to Section II*

- ALL of your team members are active duty and assigned to the same respective unit.
- The coach (es) has read, understands, and will abide by the bylaws and uniforms rules and regulations associated with the Intramural Sports Programs.

Section II

Other Sports Series: *verify below for sports activities other than Intramural Series and move to section III*

- I have verified athlete eligibility requirements for the sports program I am registering for.
- The coach (es) has read, understands, and will abide by the bylaws and uniforms rules and regulations associated with the Sports Program.

Section III

Please check one:

- Team will be using uniforms issued from the Sports Office

Quantities are limited; first come, first served. Various colors available but not guaranteed.

- Team will provide their own uniforms

**Uniform colors are assigned on a first come first serve basis. Ensure you verify approval with your Sports Coordinator prior to purchase.*

Requested Team Colors:

(Please see Uniforms Section of Bylaws for complete description of uniform regulations and color reservation process; first choice colors are not guaranteed)

Primary Color: _____

(shirt/uniform color; be specific, ie: lime green, royal blue, fuchsia, etc.)



OFFICIAL SPORTS REGISTRATION FORM

SPORT: _____ UNIT: _____ TEAM NAME: _____

COACH AND ASSISTANT COACH INFORMATION

NAME (Rank, Last, First): _____

EMAIL: _____ PHONE (Work): _____ (Cell): _____

NAME (Rank, Last, First): _____

EMAIL: _____ PHONE (Work): _____ (Cell): _____

TEAM ROSTER

RANK	LAST NAME	FIRST NAME	MALE/FEMALE	MEETS ELIGIBILITY REQUIREMENTS	STATUS (Dep, DoD, Ret)	UNIFORM #
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
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				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		

COMMAND ENDORSEMENT

I HEREBY APPROVE PARTICIPATION IN THIS ACTIVITY.

IT IS REQUESTED UNIFORMS AND EQUIPMENT BE ISSUED BY MCCS* YES NO
*Quantities are limited and will be issued on a first come, first served basis by MCCS. Color and availability is not guaranteed.

(BY CHECKING NO, I AGREE THE TEAM WILL SECURE APPROPRIATE UNIFORM AND EQUIPMENT ON THEIR OWN).

PRINT NAME (Rank, Last, First): _____

SIGNATURE: _____ DATE: _____

OFFICIAL ENTRIES ARE DUE BY THE REGISTRATION DEADLINE AND MUST BE SIGNED BY YOUR COMMANDING OFFICER (CO), EXECUTIVE OFFICER (XO) OR COMMAND SGTMAJ. SPACE IS LIMITED FOR ALL LEAGUES. THE CO WILL BE RESPONSIBLE FOR THE ACCOUNTABILITY FOR ANY GEAR ISSUED TO THE COMMAND AT THE END OF EACH SEASON. EACH UNIT WILL HAVE 15 DAYS FROM THEIR LAST SEASON/PLAYOFF GAME TO REPLACE OR PURCHASE ALL MISSING EQUIPMENT. IF ADDITIONAL INFORMATION IS REQUIRED, PLEASE CONTACT SPORTS BRANCH AT (910)451-3762.

PRIVACY ACT STATEMENT

SORN NM01700-1

AUTHORITY: 10 U.S.C 5013, Secretary of the Navy: 10 U.S.C. 5041

PRINCIPAL PURPOSE(S): To administer programs devoted to the mental and physical well-being of Department of the Navy (DON) personnel and other authorized users: to document the approval and conduct of specific contests, shows, entertainment programs, sports activities/competitions, and other Morale, Welfare and Recreation type activities and events sponsored or sanctioned by the DON.

ROUTINE USE: Provides a record in the system for a financial audit trail.

DISCLOSURE: Voluntary; however, if requested information is not provided, entry will not be approved.