

**APG GYMS
INTRAMURAL PROGRAM
INDIVIDUAL
REGISTRATION FORM**

**TURNING IN A REGISTRATION FORM DOES NOT GUARANTEE A SPOT ON A TEAM.
COACHES ADD PLAYERS TO THEIR ROSTERS BY CHOICE.**

LAST NAME: _____ **FIRST NAME:** _____

ELIGIBILITY STATUS: _____ **UNIT:** _____

CONTACT NUMBER: _____ **PHONE PROVIDER: (if cell)** _____

BEST TIME TO CONTACT: _____

EMAIL: _____

INTERESTED ACTIVITY/SPORT: _____

EXPERIENCE LEVEL (FUN, NOVICE, EXPERIENCED): _____