

**APG GYMS
INTRAMURAL PROGRAM
TEAM
REGISTRATION FORM & ROSTER**

Team Name: _____ **Sport:** _____

Lead POC Last Name: _____

Lead POC First Name: _____

Eligibility Status: _____

Unit: _____

Phone Number: _____

Phone Provider: _____

(if cell)

Email: _____

Alternate Lead POC Last Name: _____

Alternate Lead POC First Name: _____

Eligibility Status: _____

Unit: _____

Phone Number: _____

Phone Provider: _____

(if cell)

Email: _____

Submit this form to usarmy.APG.imcom-fmwrc.list.usag-mwr-sports@mail.mil .

