



The University of Iowa
Intramurals

PLAYER REMOVAL FORM

PLAYERS LISTED ON THIS FORM WILL BE REMOVED FROM THE LISTED TEAM'S ROSTER

Men's Res Hall Frat Women's Co-Rec (circle one)

LEAGUE DAY OF THE WEEK: _____

LEAGUE TIME: _____

SPORT: _____

TEAM NAME: _____

CAPTAIN'S NAME: _____

CAPTAIN'S CELL PHONE: _____

Office Use Only:
Rcvd: _____
By: _____

	Player's Name to Remove from Roster (please print clearly)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Team Captain's Signature: _____

By signing this form, I certify that I wish to remove the player(s) listed above from my team's roster.

Team Captain is REQUIRED to sign this form in order for the player(s) listed to be dropped from the roster.

ONCE A PLAYER PLAYS IN GAME WITH A TEAM, HE/SHE IS NOT ELIGIBLE TO PLAY ON ANOTHER TEAM.

Players dropped from a team cannot be added to a 2nd team's roster if that player has already played in a game for his/her original team.