

WESTERN RUGBY UNION
2003 CHAMPIONSHIP SERIES Event Roster

Club Name: _____ **Event:** _____

Submitted by: _____ **EMAIL ADDRESS:** _____ **Date of Submission:** _____

|-----Office Use Only-----|

#	Last Name, First Name (ALPHA Sequence)	Residency Status or Academic Year	CIPP# PRINT	Position	DOB	USA \$	W \$	L \$	Resid. Proof	Ins. Proof	Regist List
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Fax or mail this form to be received by the close of business the Monday before the WRFU Championship event to the WRFU Office: Suite 101-12, 228 North Cascade Ave, Colorado Springs, CO 80903 (P) 719-477-9157 (F) 719-477-9164.