WESTERN RUGBY UNION
2004 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#	Position	DOB	USA $	W $	L $	Resid. Proof	Ins. Proof	Regist List
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PLEASE PRINT CLEARLY

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PRINT

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For use in contacting your club at the Event Site due to last minute changes, please provide the following:

Contact Name: _____

Hotel Name: _____

Hotel Telephone Number: _____

Contact Cell Phone Number: _____

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Western Rugby Union Office
121 East Pikes Peak Avenue, Suite 448
Colorado Springs, CO 80903
Office Phone / Fax: 719-477-9157

Note: There is a $100 fine for failure to submit this form on the schedule outlined elsewhere. The form is USUALLY required to be in the Western office by the close of business the Monday night prior to the event.