WESTERN RUGBY UNION
2006 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	Regis t List
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PRINT

PLEASE PRINT CLEARLY

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		PRINT								

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: _____

PRINT

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.

PLEASE PRINT CLEARLY