



Fort Belvoir Family and MWR

INTRAMURAL BASKETBALL 2027

Unit/Organization: _____

This unit/organization is entering a team in this event and will adhere to the published rules and schedules.

Team Coach Information

First Name: _____ Last Name: _____ Grade: _____

Duty Phone: _____ FAX: _____

E-mail: _____

Player Information

5 - 12 Players

Name (First, Last)	E-mail

Please enter the name of the coach, manager or coordinator that will represent your team at the coaches' meeting on December 10 at 12 p.m. This meeting will be held at Graves Fitness Center (2116 Abbott Road, Bldg. 2116).

Team Representative: _____

Print Name and Grade of Unit Commander

Date

Signature of Unit Commander

