



# REGISTRATION FORM

## Faculty/Staff/Spouse/Partner Intramural Participation Pass

For non-Student Recreation Center Members

Date Submitted: \_\_\_\_\_

Name (person registering for intramural sports): \_\_\_\_\_

WSU ID# (if applicable): \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Spouse/Partner WSU ID# (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please check:**

- Faculty/Staff
- Faculty/Staff Spouse/Partner
- Student Spouse/Partner
- Fall 2009 Semester \$10
- Spring 2010 Semester \$10
- Annual (Fall 2009, Spring 2010, Summer 2010) \$20
- I verify that I am currently employed by Washington State University.
- I verify that I am currently a spouse or partner of a currently enrolled WSU student. (The University definition of Partner is the sole person with whom the student or faculty/staff shares a relationship of at least six months, resides in the same household and shares expenses and responsibilities.)
- I verify that I am currently a spouse or partner of a currently employed WSU employee. (The University definition of Partner is the sole person with whom the student or faculty/staff shares a relationship of at least six months, resides in the same household and shares expenses and responsibilities.)

**I understand the eligibility rules and requirements for Intramural Sports and meet these rules. I further attest that the information on this form is completed to the best of my knowledge.**

Signature: \_\_\_\_\_

For Office Use Only	Date:	Amount:		Invoice #:
Form of Payment:	Cash	Credit	Check	Cougar Card
				Initials:
				Main Office Initials (once entered):