ACIS BASKETBALL REGIONAL CHAMPIONSHIPS
March 6 – March 8, 2009
Mississippi State University

ENTRY FORM

Team Name: _____ Divisions **(Circle):** MEN'S WOMEN'S

Institution: _____

Team Captain _____ Phone: _____

Address _____ Email: _____

OFFICIAL TEAM ROSTER

Credit Hours Enrolled (09)	Last Name	First Name

MEMBER INSTITUTION INFORMATION

It is confirmed that the individuals listed above are students of the university being represented at the ACIS Regional Basketball Tournament, as well as eligible participants for the universities' intramural basketball program.

_____ _____
(Signature Registrar's Office) (Date)

_____ _____
(Signature of University Intramural Director) (Date)

*** PLEASE STAMP OFFICIAL UNIVERSITY SEAL WITHIN THIS BOX***

FOR OFFICE USE ONLY

Date received _____	Registration Fee Paid _____
Receipt number _____	

Entry Fee is $175 due by February 25, 2009 and $225 anytime after. Please make check or money order payable to **Mississippi State University** and send entry form and entry fee to:

Shelby Sims
Joe Frank Sanderson Center
Mississippi State University
P.O. 6285
Mississippi State, MS 39762