



FALL 2020-2021
INTRAMURAL PAYMENT
ORGANIZATION INFORMATION

***Organization Name:**

***First and Last Name of Person Submitting Payment:**

***Phone Number:**

***Club Mailing Address:**

***City:**

***State:**

***Zip Code:**

***E-Mail (Needed to receive payment confirmation):**

DETERMINE AMOUNT DUE FOR INTRAMURAL

+Number of teams is calculated by dividing the total player registration by 14.

+Insurance is calculated based upon the number of teams per organization multiplied by the insurance fee of \$39 per team.

| | | | | | | |
|---|--|---|--|-------------------|----------|--|
| Player Fees (\$) | | X | | Number of Players | = | |
| Team Administration Fee* <i>Includes Insurance</i> | | X | | Number of Teams | = | |
| Affiliation Votes (Fall) <i>(Use Affiliation Schedule below to determine # of votes)</i> | | X | | Number of Votes | = | |
| | | | | TOTAL | = | |



AFFILIATION VOTE SCHEDULE - FULL MEMBERS

| NUMBER OF REGISTERED PLAYERS | NUMBER OF DELEGATE VOTES |
|------------------------------|---|
| 25-100 | 1 |
| 101-500 | 2 |
| 501-1,000 | 3 |
| 1,001 - 2,000 | 4 |
| 2,001 - 3,000 | 5 |
| 3,001 or more | 1 additional delegate vote for each 1,000 additional registered players or part thereof |