



College/University Name:		
Team Name:		Division (circle one): Men's Women's Unified
Team Rep Name:		Team Rep Email Address:
Address:		Team Rep Phone:
City:	State: Zip:	
By signing this statement of	of eligibility understanding, I	(name of Campus Recreation representative),

have conferred with the team captain to attest that each member of this roster has not already appeared on six NIRSA Championship Series Regional/National Tournament rosters. All names listed on this roster should meet all NIRSA Championship Series eligibility guidelines.

___ Email: ___ Signature of **Campus Recreation representative** approving team entry

Incomplete forms or entries submitted without an entry form, entry fee, or Campus Recreation representative signature will NOT be accepted. This original player certification form with your institutions Registrar's seal must be received by the entry deadline of February 24, 2023.

______ Phone: ______

Please print player's names; Roster limit – 15 for Men's, Women's teams, and Unified teams.

Player	Participant Name (please print)	Participant Signature	Student ID #	Completed by Registrar Winter/Spring 2023: Semester or Quarter	
				UG or GR	# of Credits
1				UG/GR	
2				UG/GR	
3				UG/GR	
4				UG/GR	
5				UG/GR	
6				UG/GR	
7				UG/GR	
8				UG/GR	
9				UG/GR	
10				UG/GR	
11				UG/GR	
12				UG/GR	
13				UG/GR	
14				UG/GR	
15				UG/GR	

To be completed by Reaistrar's Office

# of credit hours required by your institution			
Please place your institution's seal of certific information on this form.	cation in the box to the right in ord	er to validate the	
By drawing a line under the last participant (#) students listed above are current		-	Place institution's seal here
Signature	Date	Phone	