

2024 NIRSA Regional Basketball Georgia Tech – March 8-10, 2024 **Player Certification Form**

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 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.						
Em	nail: Phone:					
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 Friday, March 1, 2024.						
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 2024: 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 Registrar's Office

Signature	Date	Phone	l	
	e last participant verified and by signin above are currently enrolled for the lis			
	on's seal of certification in the box to th			
# of credit hours required	by your institution for a student to be o	considered full time:		

Place institution's seal here