



2017 NIRSA Regional Basketball

University of Florida

March 10-12, 2017

Player Certification Form



Institution: _____

Team Name: _____

Team Rep: _____

Division (circle one): Men's Women's

Phone: _____

Address: _____

Email Address: _____

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](#).

Signature of **Campus Recreation representative** approving team entry Email: _____ Phone: _____

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 **March 6, 2017.**

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

| Player | Participant Name (please print) | Participant Signature | Student ID # | Completed by Registrar Winter/Spring 2017: 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

of credit hours required by your institution for a student to be considered full time: _____

Please place your institution's seal of certification in the box to the right in order to validate the information on this form.

By drawing a line under the last participant verified and by signing below, I certify that the _____ (#) students listed above are currently enrolled for the listed number of credits.

Signature Date Phone

Place institution's seal here