



**2019 NIRSA Regional Soccer Championships  
Region III – Men’s - October 26-27, 2019  
Player Certification Form**



Institution: \_\_\_\_\_  
 Team Rep: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Division: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

By signing this statement of eligibility, 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 varsity or NIRSA Regional Tournament rosters. All names listed on this roster meet each NIRSA eligibility guideline.

\_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of **Campus Recreation representative** approving team entry

**This original player certification form with your institutions Registrar’s seal must be submitted at the on-site team check-in.**

Player	Last Name	First Name	Participant Signature	Student ID #	Completed by Registrar	
					Fall 2019: 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	
16					UG/GR	
17					UG/GR	
18					UG/GR	
19					UG/GR	
20					UG/GR	
21					UG/GR	
22					UG/GR	
23					UG/GR	
24					UG/GR	
25					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