



**2019 NIRSA Regional Soccer
Region III – Men’s
October 26-27, 2019
Tournament Registration Form**



Institution: _____

Team Name: _____

Team Rep: _____

Email Address: _____

Address: _____

Phone: _____

City: _____ State: ____ Zip: _____

All participants must comply with the [NIRSA Championship Series eligibility guidelines](#). Players with questions about their eligibility or who have need for additional support are encouraged to contact the NIRSA Director of National Sport Programs [Valerie McCutchan](#).

Incomplete forms or entries submitted without an entry form, entry fee, or Campus Recreation representative signature will NOT be accepted.

Please list players in ascending order by jersey number; Roster limit – 25 players.

Player	Jersey #	Participant Name	Former Collegiate Varsity Player	# of years on a NIRSA roster	# of years on a varsity roster/squad list	Email Address
1			YES / NO			
2			YES / NO			
3			YES / NO			
4			YES / NO			
5			YES / NO			
6			YES / NO			
7			YES / NO			
8			YES / NO			
9			YES / NO			
10			YES / NO			
11			YES / NO			
12			YES / NO			
13			YES / NO			
14			YES / NO			
15			YES / NO			
16			YES / NO			
17			YES / NO			
18			YES / NO			
19			YES / NO			
20			YES / NO			
21			YES / NO			
22			YES / NO			
23			YES / NO			
24			YES / NO			
25			YES / NO			

Coaches: _____