



**2019 NIRSA Regional Basketball
Eastern Washington University
March 8-10, 2019
Player Certification Form**



Institution: _____
 Team Rep: _____
 Phone: _____
 Address: _____

Team Name: _____
 Division (circle one): Men's Women's Co-Rec
 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.

 Email: _____ 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 tournament host by March 5, 2019.

Please print player's names; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams

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

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