

2023 NIRSA Regional Soccer Championships Region 5 - October 20-22, 2023 - Player Certification Form



College/L	Iniversity Name:						
			Division (cir	_ Division (circle one): Men's Women's			
Team Rep	Name:		Team Rep E	Team Rep Email Address:			
				Team Rep Phone:			
			Zip:				
			(name of Car		tive) have conferred	with the team	
captain to	attest that each memb NIRSA eligibility guide	ber of this roster has r	not already appeared on six varsity or	NIRSA Regional Tournament	rosters. All names list	ed on this roster	
Email: Email: Signature of Campus Recreation representative approving team entry					Phone:		
	•			******************************	ale in		
inis origin	lai player certification	form with your instit	utions Registrar's seal must be submi	tted at the on-site team che		hy Pogistrar	
Player	Last Name	First Name	Participant Signature	Student ID #	Completed by Registrar Fall 2023: Semester or Quarter		
,			. a. c.o.pae o.gaca.e		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		
	npleted by Registrar	r's Office			00,011		
# of credit Please place this form. By drawing	hours required by you ce your institution's se	r institution for a stud al of certification in th participant verified an	lent to be considered full time: be box to the right in order to validate d by signing below, I certify that the _ ed number of credits.		Place insti		
Signature Date Phone					scal II	W.E. W.	