

2024 NIRSA Regional Soccer Championships Region 5 CHI Complex November 1-3 2024- Player Certification Form



College/L	Iniversity Name						
College/University Name:					.	,	
Team Name:							
Team Rep Name:							
Address:				Team Rep Phone:			
City:		State:	: Zip:				
captain to	this statement of eligit attest that each memb NIRSA eligibility guide	per of this roster has	not already appeared or	six varsity or NII	ous Recreation representation RSA Regional Tournament ro	osters. All names liste	ed on this roster
Email: Phone:							
				st be submitted	at the on-site team check-in		
Player	Last Name	First Name	Participant Signature Student		Student ID #	Completed by Registrar Fall 2024: 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 con	npleted by Registrar	r'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.						Place institution's seal here	
Signature Date Phone							