



**2024 NIRSA Regional Soccer
Region 5 CHI Complex – November 1-3, 2024
Tournament Registration Form**



College/University Name: _____
 Team Name: _____ Division (circle one): Men's Women's
 Team Rep 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 [Nicole Jackson](#).
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: _____

Entry Fee*: \$1,000

Payment Options: Check or Credit Card (invoices will be sent out once invitation is accepted)

Entry Deadline: October 25th (acceptance of invitation, not the forms deadline)

Form Deadline: October 31st

Send Completed Forms to: regionclubsoccer@gmail.com **Hard Copies of forms must be submitted upon tournament check in at Tournament site.**

*Non-refundable, unless entry into the tournament is denied. In the event that the tournament is cancelled due to circumstances beyond control, entry fees will not be refunded.