2024 NIRSA Regional Basketball
Utah State University – March 1-3, 2024
Player Certification Form

College/University Name: _____

Team Name: _____ Division (circle one): Men's Women's Unified

Team Rep Name: _____ Team Rep Email Address: _____

Address: _____ Team Rep Phone: _____

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 entry deadline of insert date.

Please print player's names; Roster limit – 15 for Men's, Women's teams and Unified teams.

Player	Participant Name (please print)	Participant Signature	Student ID #	Completed by Registrar Winter/Spring 2023: 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