



2015 NIRSA Regional Flag Football
Grand Valley State University
November 6 - 8, 2015
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.

Signature of **Campus Recreation representative** approving team entry

Email: _____ Phone: _____

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 mailed and postmarked by October 26th, 2015.

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 Fall 2014: 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	

*Co-Rec teams only

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