



**2024 NIRSA Regional Basketball  
University of Missouri - Columbia – February 16-18, 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 February 9<sup>th</sup>.**

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

| Player | Participant Name<br>(please print) | Participant Signature | Student ID # | Completed by Registrar<br>Winter/Spring 2023: Semester or<br>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