

Signature

2023 NIRSA Regional Flag Football University of Sothern Mississippi – December 1-3, 2023 Player Certification Form

College/L	Iniversity Name:		_			
Team Nar	me:	Division	(circle one): Men's	Women's Co-Re	c Unified	
Team Rep	Name:	Team R	Team Rep Email Address:			
Address:		Team R	Team Rep Phone:			
City:	State:					
have conf	g this statement of eligibility unders ferred with the team captain to atto (National Tournament rosters. All r	est that each member of this roste		red on six NIRSA Chan	npionship Series	
		Email:		Phone:		
	of Campus Recreation representa					
player cert	e forms or entries submitted without a ification form with your institution's Re int player's names; Roster limit – 15	egistrar's seal must be received by the	entry deadline of 11/27/20		eptea. This original	
				Completed	by Registrar	
Player	Participant Name (please print)	Participant Signature	Student ID #	Fall 2022: Semester or Quarter		
	(piease print)			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 UG/GR		
9 10				UG/GR		
11				UG/GR		
12				UG/GR		
13				UG/GR		
14				UG/GR		
15				UG/GR		
16*				UG/GR		
	reams only Inpleted by Registrar's Office					
# of credi Please pla	t hours required by your institution ace your institution's seal of certific on on this form.			Place ins	titution's	
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		

Phone

Date