

Bring Completed Forms to:

Captain's Meeting

Thursday, October 10th, 8:00PM Hilton Head Marriott Resort & Spa (Ballroom D)

*** Official Entry Form ***

| College/University Name: | | School Enrollment: | |
|--|----------------------------------|-------------------------|---|
| Team Name: | | | |
| Team Rep: | | | |
| Address: | | | ep e-mail address |
| City: | | | |
| By signing this statement of edibility unde each member of this roster has not already names listed on this roster should meet AL Please list your College/University's requi | LL NIRSA eligibility guidelines. | | Club Director), have conferred with the team captain to attest that rs, or six years of NCCS/NIRSA Regional Tournament rosters. All |
| Signature of Sport Club Director | | PH | email |
| | | | |
| Incomplete forms or entries submitted must be turned in at the Fall Invitati | | | II NOT be accepted. An "original" player certification form at Hilton Head Marriott Resort. |
| TEAM MEMBER | Former Collegiate | Listed on Varsity / TOC | |
| | Varsity Player | / NIRSA roster prior to | EMAIL ADDRESS |
| | | fall 2005 | |
| | YES / NO | | |
| | | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES / NO | YES / NO | |
| | YES/NO | YES / NO | |

YES / NO

• Entry Fees are non-refundable (Unless a team does not get into the tournament)

YES / NO

- In the event that the Championships are cancelled due to ANY circumstances beyond our control, expenses <u>WILL NOT</u> be refunded.
- * Email addresses are used for tournament communication, research, evaluation, and Tennis On Campus program communication.

^{*}Roster is limited to 10



USTA Tennis On Campus Fall Invitational October 11-13, 2013

Institution's Registrar and/or Rec Sports Director

Enrollment Verification Form

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| College/University Name: | Team Rep: | | | |
|--|---|--|---|--|
| Address: | | | | |
| | This original form (no copies or faxes) <u>must</u> be submitted | | | |
| | | | | |
| The Minimum requirement for eligibility is half of full-time enrollment classified graduate students at the institution for which they represent, the enrolled 45 days prior to the event. | | | | |
| emoned to days prior to the event. | | TO BE FILLED OUT BY REGISTRAR Fall 2013 Semester Fall 2013 Quarter | | |
| Player's Name / SIGNATURE | Student ID# or SS# | UG/GR Current Classification credits/units | | |
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| 10 | | ll | 1 | |
| 11 | | ll | 1 | |
| 12 | | lI | 1 | |
| 13 | | lI | ı | |
| 14 | | 1 | ı | |
| 15 | | 1 | ı | |
| 16 | | i | ı | |
| Additions must be submitted on this form. | | | | |
| Please verify the above information and draw a red line after the last name verified. I cert student-athletes are currently enrolled for the above stated credit hours and have paid the (Note: College/University seal of certification must be placed on this form to validate all Please list your college/University's requirement for Full Time Undergraduate Enrollege | appropriate student fees. Il of the above information.) | (Place School Seal Here) | | |
| X Institution's Registrar and/or Rec Sports Director | Phone # | Date | | |