USTA Tennis On Campus Spring Invitational April 11-13, 2014

Bring Completed Forms to:

Captain's Meeting Thursday, April 10th, 8:00PM Jim Reffkin Tennis Center (Lounge Room)

*** Official Entry Form ***

College/University Name:			School Enrollment:		
Team Name:					
Team Rep:			_		
Address:			Team rep e-mail address		
City:	State:	Zip:	Ph:		
	on six Varsity / T eligibility guideli	OC / NIRSA Nation nes.	(name of Sport Club Director), have conferred with the team captain to attest that nal Tournament rosters, or six years of NCCS/NIRSA Regional Tournament rosters. All edit hours		

Signature of Sport Club Director approving team entry

Incomplete forms or entries submitted without an entry form, or Sport Club Director signature will NOT be accepted. An "original" player certification form must be turned in at the Spring Invitational Captain's Meeting, Thursday, April 10th, 8:00pm at Reffkin Tennis Center.

TEAM MEMBER	Former Collegiate Varsity Player	Listed on Varsity / TOC / 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	YES / NO	

*Roster is limited to 10

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

• 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.



USTA Tennis On Campus Spring Invitational April 11-13, 2014 Enrollment Verification Form

Bring Completed Forms to: Captain's Meeting Thursday, April 10th, 8:00pm Reffkin Tennis Center

_____ Team Rep: _____

_____ email: _____

This **original form** (no copies or faxes) <u>must</u> be submitted

The Minimum requirement for eligibility is half of full-time enrollment for undergraduate students and a minimum of six (6) credit hours for classified graduate students at the institution for which they represent, throughout the fall prior to the championships. Participants must be enrolled 45 days prior to the event.

		TO BE FILLED OUT BY REGISTRAR Spring 2014 Semester Spring 2014 Quarter	
Player's Name / SIGNATURE	Student ID# or SS#	UG/GR Classification	Current credits/units
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
Additions must be submitted on this form.			

Please verify the above information and draw a red line after the last name verified. I certif student-athletes are currently enrolled for the above stated credit hours and have paid the ap (<i>Note: College/University seal of certification must be placed on this form to va</i> Please list your college/University's requirement for Full Time Undergraduate Enrolle	(Place School Seal Here)		
X			
Institution's Registrar and/or Rec Sports Director	Phone #	Date	

College/University Name:

Address: