NCCS Regional H The University of October 28-30, 20 ** Official Team	f Iowa D11	Mail forms to: Eric Cohen Recreational Services E216 Field House Iowa City, IA 52242		
College/University Name:	School Enrollmer	nt:		
Ceam Name:				
Feam Rep:		Women Co-Rec		
Address:		!*		
City: State: Zip: _	Cell Ph:			
Signature of Intramural Sports Director approving team entry ncomplete forms or entries submitted without an entry form, entry fe layer certification form must be received by the entry deadline of Octo	e, or Intramural Sports Director	_ E-mail		
Please list players in ascending jersey number order. Roster limit:	Fifteen (15) team members, sixte	een (16) Co-Rec.		
Iersey # TEAM MEMBER Former Collegiate	· · · · · ·			
Varsity Player	Varsity/NIRSA roster	E-MAIL ADDRESS*		
	prior to 04-05 yr.			
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 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 15 for men/women's teams and 16 for co-rec teams.

Coaches: \_\_\_\_

## ENTRIES ACCEPTED:Before October 14, 2011 (Received by, not postmarked by)ENTRY FEES:\$275/team for NIRSA Institutional Members\$300/team for non-NIRSA Institutional Members

Between Oct. 14 and Oct. 21, 2011 \$350 for all teams

## • 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.

Payment Options (Circle One):	Check	VISA	MASTERCARD		
Name on Credit Card:		Card #			Expiration Date:
Would you like a copy of the receipt? (Circle One):		Mailed to the address above		or	Will pick up at the tournament

\* Email addresses are used for tournament communication, research, and evaluation.



NCCS Regional Flag Football The University of Iowa October 28-30, 2011 Enrollment Verification Form

## Mail forms to:

Eric Cohen Recreational Services E216 Field House Iowa City, IA 52242

College/University Name:	Team Rep:
Address:	E-mail:
-	This <b>original form</b> must be submitted prior to the tournamen

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 Fall 2011 Semester Fall 2011 Quarter		
Player's Name/SIGNATURE	Student ID# or SS#	UG/GR Classification	Current credit hours	
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 certify that the above(#) listed student-athletes are currently enrolled for the above stated credit hours and have paid the appropriate student fees. (Note: College/University seal of certification must be placed on this form to validate all of the above information.) Please list your college/University's requirement for Full Time Undergraduate Enrollment =;		(Place Seal I		
X				
Institution's Registrar and/or Rec Sports Director	Phone #	Date		