



NCCS Regional Basketball

University of Texas at San Antonio

February 26-28, 2010

*** Official Team Entry Form ***

Mail Forms to:

UTSA Campus Rec Attn Megan Morris

1 UTSA Circle

San Antonio, TX 78249

**Incomplete forms or entries submitted without an entry form, entry fee, or Intramural Sports Director signature will NOT be accepted.
An "original" Enrollment Verification Form must be received by the entry deadline of February 19.**

Team Information

College/University Name: _____ School Enrollment: _____
 Team Name/School Mascot: _____ Division: Men Women

Team Representative Information

Name: _____ Email: _____
 Address: _____ Phone: (_____) _____
 Association with Team: Player Coach IM Staff

Intramural Sports Director Information & Approval

Name: _____ Email: _____
 Signature: _____ Phone: (_____) _____
Indicates approval for team tournament entry & representative

Team Roster

Jersey # <i>(Ascending Order)</i>	Team Member Name <i>(Roster Limit: 12 Players)</i>	Year in School	Former Varsity Basketball Player (Collegiate)?	Listed on Varsity/NIRSA basketball roster prior to 04-05?
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO
		1 / 2 / 3 / 4 / 5+ / GR	YES / NO	YES / NO

(Eligibility Guidelines available at www.nirsa.org. Click on Sports> National Campus Championship Series> NC CS Eligibility)

Coach 1: _____ Coach 2: _____

Entry Deadline:

Entries must be received by:	Entry Status Notification:
February 19, 2010	February 22, 2010

Entry Fees are non-refundable (Unless a team does not get into the tournament due to the number of entries)

Entry Fees:

Tournament Entry Fee	Late Fee - After February 12
\$300	\$325

In the event that the Championships are cancelled due to ANY circumstances beyond our control, expenses WILL NOT be refunded

Payment Options:

Check Credit Card # _____ Expiration: _____ / _____ \$ Charged: _____

** Email addresses will not be sold or shared with other parties. Email addresses are used for tournament communication, research, and evaluation.*



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San Antonio, TX 78249

This ORIGINAL FORM (no copies or faxes) MUST be submitted

Team Information

College/University Name: _____

Team Representative Information

Name: _____

Address: _____ Email: _____

Phone: () - _____

Enrollment Verification

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

Complete guidelines available at: www.nirsa.org

(Click on Sports> National Campus Championship Series> NCCS Eligibility)

TO BE COMPLETED BY REGISTRAR

_____ Spring 2010 Semester

_____ Winter 2010 Quarter

_____ Spring 2010 Quarter

Player's Legal Name (Print)	Player Signature	Student ID # or SSN	Classification (UG or GR)	Current Credit Hrs
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____

•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 = _____ hours

() - _____

_____ Institution's Registrar Name (Print)

_____ Registrar Phone

_____ Institution's Registrar Signature

_____/_____/_____
Date

(Place School Seal Here)

Intramural Sports Director Verification

•I certify that to the best of my knowledge, the above _____ (#) student-athletes are eligible for Intramural Sports on Campus & meet NCCS Eligibility Guidelines.

Name: _____ Email: _____

Signature: _____ Phone: () - _____