



2019 NIRSA Southern Atlantic Flag Football Championships
University of North Carolina Wilmington

Nov. 22-24

Player Certification Form – Military Teams



FORM MUST BE TYPED

Affiliated University: _____
 Team Rep: _____
 Cell Phone: _____
 Address: _____

Team Name: _____
 Division (please check one): _____
 Email Address: _____
 City: _____ State: ____ Zip: _____

By signing this statement of eligibility understanding, I _____ (name of University Director or Special Olympics Director), have conferred with the team captain to attest that each member of this roster has not already appeared on six NIRSA Regional/National Tournament rosters. All names listed on this roster should meet all NIRSA Championship Series eligibility guidelines.

Signature of **University Director or Special Olympics Director** approving team entry _____ Email: _____ Phone: _____

Incomplete forms or entries submitted without an entry form, entry fee, or University Director or Special Olympics Director signature will NOT be accepted. An original player certification form must be received by the entry deadline of **November 19, 2019.**

Roster limit – 16

Player	Participant Name (please type)	Participant Signature	Military ID #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

To be completed by University Director or Special Olympics Director

Please place your institution's seal of certification in the box to the right in order to validate the information on this form. By drawing a line under the last participant verified and by signing below, I certify that the _____ (#) individuals listed above are eligible to compete as a part of NIRSA/Special Olympics Unified Flag Football.

Print Name: _____

Phone Number: _____

 Signature Date Phone

Place institution's seal here (if applicable)