Region IV Tournament
PLAYER CERTIFICATION FORM

College/
University Name _____ Team Rep _____

Address _____ Phone( )_____

_____ This **original form** (no copies or faxes) must be included with your entry fee and entry form.

_____ ***Bring form with you to the tournament.***

Date of term: **Fall 2009** Minimum requirement for eligibility is 3/4 time for Undergraduate students (*9 credits*) and 6 credit hours for graduate students.

(Please type or print neatly in black ink). Player's Name	Student ID# or SS#	To be filled out by the Registrar: Official Classif: UG/GR	Current (F2009) credit hours
1.			
2.			
3.			
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25.			

Changes must be submitted on this form. No changes or additions will be accepted after October 28.

Please verify the above information and draw a red line after the last name verifies. 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 enrollment = credit hours

X_____ _____ _____
Institution's Registrar or Rec Sports Director Phone # Date