



NIRSA Regional Basketball
 Washington State University
February 27 – March 1, 2009
***** Official Entry Form *****

Mail forms to:
Washington State University
 C/O Haley Colvin
 PO Box 641830
 Pullman, WA 99164-1830

College/University Name: _____ School Enrollment: _____
 School Nickname/Mascot: _____ Division: _____
 Team Rep: _____ Men _____ Women _____
 Address: _____ Team rep e-mail address _____
 City: _____ State: _____ Zip: _____ Ph: _____

 _____ PH _____ email _____
 Signature of **Intramural Sports Director** approving team entry **AND** Team Liaison

Incomplete forms or entries submitted without an entry form, entry fee, or Intramural Sports Director signature will NOT be accepted. An "original" player certification form must be received by the entry deadline of February 19, 2009.

Please list players in ascending jersey number order. Roster limit: 12 team members

Jersey #	TEAM MEMBER	YEAR	Former Collegiate Varsity Player	Listed on Varsity/NIRSA roster prior to 02-03 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

Coaches: _____
ENTRIES ACCEPTED: (Received by, not postmarked by) Early Deadline: Feb. 19, 2009 Late Deadline: Feb. 24, 2009
ENTRY FEES: \$300 \$330

- **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 WILL NOT be refunded.**

Payment Options: Check or Credit Card # _____ Expiration date: _____ Amount charged: _____

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



**NIRSA Regional Basketball
Washington State University
*** Enrollment Verification Form *****

Mail forms to:
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C/O Haley Colvin
PO Box 641830
Pullman, WA 99164-1830

College/University Name: _____ Team Rep: _____

Address: _____ email: _____

_____ This **original form** (no copies or faxes) **must** 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.

Player's Name/SIGNATURE	Student ID# or SS#	TO BE FILLED OUT BY REGISTRAR	
		UG/GR Classification	Current credit hours
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.)

(Place School Seal Here)

Please list your college/University's requirement for Full Time Undergraduate Enrollment = _____ credit hours

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