



**2017 NIRSA Regional Soccer
Region III Men's
October 28-29, 2017
Tournament Registration Form**



Institution: _____

Team Name: _____

Division (circle one): Men's Women's

Team Rep: _____

Email Address: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

All participants must comply with the [NIRSA Championship Series eligibility guidelines](#). Players with questions about their eligibility or who have need for additional support are encouraged to contact the NIRSA Director of National Sport Programs, Valerie McCutchan.

Please list players in ascending order by jersey number; Roster limit – 24 players.

Player	Jersey #	Participant Name	Former Collegiate Varsity Player	# of years on a NIRSA roster	# of years on a Varsity roster/squad list
1			YES / NO		
2			YES / NO		
3			YES / NO		
4			YES / NO		
5			YES / NO		
6			YES / NO		
7			YES / NO		
8			YES / NO		
9			YES / NO		
10			YES / NO		
11			YES / NO		
12			YES / NO		
13			YES / NO		
14			YES / NO		
15			YES / NO		
16			YES / NO		
17			YES / NO		
18			YES / NO		
19			YES / NO		
20			YES / NO		
21			YES / NO		
22			YES / NO		
23			YES / NO		
24			YES / NO		

Coaches: _____

Entry Deadline: October 28, 2017

Signature of Team Officer: _____ Date _____