

The UNCW ACIS Flag Football Regional Championship

“Southern Atlantic Flag Football Tournament”

Phone (910) 962-7443 Fax (910) 962-3757

TEAM ROSTER FORM

PLEASE CHECK ONE: Men Women Co-Rec

Please type for clarity

Team Name: _____

Institution: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Intramural Director: _____ Phone: _____ e-mail: _____

	Name	Student ID	TO BE COMPLETED BY REGISTRAR Classification Fall 09 Credits <small>UG-Undergrad, GR-Grad, FS-Faculty/Staff</small>
1.	_____	_____	UG/ GR/ FS _____
2.	_____	_____	UG/ GR/ FS _____
3.	_____	_____	UG/ GR/ FS _____
4.	_____	_____	UG/ GR/ FS _____
5.	_____	_____	UG/ GR/ FS _____
6.	_____	_____	UG/ GR/ FS _____
7.	_____	_____	UG/ GR/ FS _____
8.	_____	_____	UG/ GR/ FS _____
9.	_____	_____	UG/ GR/ FS _____
10.	_____	_____	UG/ GR/ FS _____
11.	_____	_____	UG/ GR/ FS _____
12.	_____	_____	UG/ GR/ FS _____
13.	_____	_____	UG/ GR/ FS _____
14.	_____	_____	UG/ GR/ FS _____
15.	_____	_____	UG/ GR/ FS _____
16. <i>Co-Rec Only</i>	_____	_____	UG/ GR/ FS _____

I certify that the above ____ (indicate number) names on this roster meet eligibility requirements and assume full responsibility for their eligibility. I have drawn a line through the remaining blank numbered lines on the roster to prohibit additional names being added without my knowledge. I am aware that participants must secure their own personal medical insurance.

Intramural Director Signature: _____ **Date:** _____

As registrar, my signature and seal verify that the ____ (indicate number) names on this roster are currently enrolled students (minimum 6 credit hours) or presently employed faculty/staff at this institution.

Registrar Signature: _____

Registrar's Seal

Date: _____

Please submit via email and mail the original with the registrar's seal.