



# NCS REGIONAL BASKETBALL CHAMPIONSHIPS

Georgia Tech  
March 3-5, 2017

**Mail to:**  
Joshua Hamilton  
750 Ferst Drive  
Atlanta, GA 30332-0110

## ROSTER CHANGE FORM

**Email to:**  
joshua.hamilton@crc.gatech.edu

**THIS FORM IS TO BE USED ONLY IF A TEAM HAS ALREADY SUBMITTED AN OFFICIAL TEAM ENTRY & ROSTER FORM.**

Please mail or e-mail copy of Team Entry & Roster Form by the registration deadline of February 24<sup>th</sup>. ORIGINAL FORMS with Registrar's signature and seal MUST be received no later than Team Registration/Check-In on March 3<sup>rd</sup>.

Institution \_\_\_\_\_

Team Name \_\_\_\_\_ Division:  Men's  Women's

Captain \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Captain \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

### INTRAMURAL DIRECTOR VERIFICATION

I \_\_\_\_\_ (Intramural Sports Director), verify that the \_\_\_\_\_ (#) participants below are currently enrolled at our institution and are eligible for intramural participation during the Spring 2017 semester/term. I have conferred with the team captain to attest that each roster member has not exceeded six appearances in NCS/NIRSA National events and meets eligibility policies regarding form varsity athletes. All names listed on this roster meet all NCS eligibility requirements.

\_\_\_\_\_  
Intramural Sports Director                      Date                      E-Mail                      Phone

### REMOVE FROM TEAM ROSTER

	Participant Name	ID Number	Rosters are limited to 15 members.
1			
2			
3			
4			

### ADD TO TEAM ROSTER

	Participant Name	ID Number	Class FR/SO/JR/SR/GR	E-Mail Address	Former Collegiate BB Player	Completed by Registrar	
						UG/GR	Credit Hrs
1							
2							
3							
4							

Please verify the above information and draw a red line after the last name verified.

I certify that the above \_\_\_\_\_ (#) listed participants are currently enrolled for the indicated credit hours and have paid any appropriate student fees. Participants are enrolled for at least 1/2 of full-time enrollment as an undergraduate or a minimum of 6 hours as a graduate student during the Spring 2017 semester/term. (Note: Institution's seal of certification must be placed on this form to validate the above information.) Please list your college/university's requirement for full-time undergraduate enrollment: \_\_\_\_\_ hours

Place Institution  
Seal Here

\_\_\_\_\_  
Registrar's Office Staff Name (Print)                      Registrar Phone

\_\_\_\_\_  
Registrar's Office Staff Signature                      Date