2017 CCCFA STATE CHAMPIONSHIP TOURNAMENT

STUDENT ELIGIBILITY FORM

PLEASE TYPE—MUST BE RECEIVED BY MARCH 8, 2017 at registration

COLLEGE: _____ COACH: _____

PHONE #: (____) ____-_____ OFFICE: (____) ____-_____ FAX: (____) ____-_____

COLLEGE ADDRESS: _____

CITY: _____ ZIP CODE: _____

In the space below, please list all students to be entered in any event in the CCCFA State Championship Tournament. Please list the first and last names of each student.

CODE Student Name (first, last)	**CODE Student Name (first, last)**
1 _____	**10** _____
2 _____	**11** _____
3 _____	**12** _____
4 _____	**13** _____
5 _____	**14** _____
6 _____	**15** _____
7 _____	**16** _____
8 _____	**17** _____
9 _____	**18** _____

I certify that the (number)_____students listed above are enrolled in six (6) or more semester units or its equivalent at this college

Date: _____ **College/Registrar's Seal & Signature:**