

2018 CCCFA STATE CHAMPIONSHIP TOURNAMENT
STUDENT ELIGIBILITY FORM
PLEASE TYPE—MUST BE RECEIVED BY MARCH 7, 2018 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: