

**2019 CCCFA STATE CHAMPIONSHIP TOURNAMENT  
STUDENT ELIGIBILITY FORM  
PLEASE TYPE—MUST BE RECEIVED BY MARCH 14th, 2019 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.

| <b>CODE</b> | <b>Student Name (first, last)</b> | <b>CODE</b> | <b>Student Name (first, last)</b> |
|-------------|-----------------------------------|-------------|-----------------------------------|
| 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: