



## National Collegiate Roller Hockey Association

c/o Brennan Edwards  
4733 Torrance Blvd. #618  
Torrance, CA 90503  
p: (310) 753-7285  
f: (310) 347-4001

### **Player Enrollment Verification *(for National Championships 2009)***

Dear Registrar:

In order to better serve our members, the National Collegiate Roller Hockey Association has created a verification process to ensure that all participating NCRHA members conform to the NCRHA's eligibility standards. You will find the requirements below, along with explanations of fields on the attached form.

- An official school raised seal or ink stamp must be visible in the designated area at the bottom-right of the attached form.
- The form must be signed and dated by the registrar or an authorized school official.
- Any unmarked rows must be clearly crossed out to prevent addition of players after the signature and stamp have been affixed.
- To prevent tampering, please mail directly to the address listed **BELOW**.
- **Due Dates are as follows:**
  - **March 13, 2009**

If you have any questions or concerns, please do not hesitate to contact the league office. Thank you in advance for your consideration and cooperation!

**Note to Registrar – Please fax a copy of the completed form to the NCRHA at (310) 347-4001 in addition to mailing the original. Thank you!**

Please mail completed Enrollment Verification Form to the address below:

**NCRHA**  
4733 Torrance Blvd., #618  
Torrance, CA 90503  
(310) 753-7285

Sincerely,

Brennan Edwards  
Executive Director  
National Collegiate Roller Hockey Association



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### Player Enrollment Verification

The NCRHA requires that all participants conform to strict eligibility guidelines. The league requires the following information before any member may participate. If a student has dropped from enrollment or has amended his/her number of credit hours since the beginning of the semester, please indicate the most current total of ACTIVE credit hours. **An official school raised seal or ink stamp must be visible in the box at the bottom right of this form. This form must be signed and dated by either the registrar or an authorized school official. Any and all empty rows must be crossed out to prevent addition of players after completion of the form. To prevent tampering, please mail the completed form to the league address listed above.** Thank you for your cooperation!

University/Organization Name: \_\_\_\_\_

Last Name	First Name	Student ID #	Student Sign.	# Credits	Registrar Initials
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**Registrar**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

