

## Appendix 3. Team Roster / Eligibility Form

FRONT RANGE CHRISTIAN ATHLETIC ASSOCIATION  
ELIGIBILITY FORM FORM MEMBERS

Reporting school: \_\_\_\_\_

Sport: \_\_\_\_\_

Year: \_\_\_\_\_

Please print all information

Last name	First name	DOB	Jersey number	Grade in school	Non-traditional	Eligibility rules met

I certify that the above athletes meet the FRCAA eligibility requirements.

Athletic Director: \_\_\_\_\_

Date \_\_\_\_\_