



AIHEC Women's Basketball Official Roster

This form must be submitted by the date specified in the AIHEC Policy & Guidelines unless otherwise stated in the cover letter. Submit this form to the Local Tournament Coordinator/Director and to **Haskell Indian Nations University, Student Activities Department, Attn: Leandra Galindo/Rex Cully, 155 Indian Avenue, Lawrence, Kansas 66046.**

Institution: _____
Institutional Enrollment _____
Head Coach: _____
Phone: _____
Head Coach E-mail: _____

Location: _____
School Colors: _____
Team Nickname: _____
Athletics Director: _____
President: _____

	NUMBER		Name	Pos.	Ht.	Hometown & State
	LT	DK				
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____

Women's Basketball Coach

Other Personnel (incl. Position/title)

Women's Assistant Basketball Coach

Other Personnel (incl. Position/title)

I certify that the above players meet all eligibility guidelines of the American Indian Higher Education Consortium (AIHEC) and are eligible to participate in AIHEC Women's basketball competition.

Signature - Women's Basketball Coach Date

Signature - Faculty Athletics Representative
Or Registrar & Date