



NORTHEAST

SEVENS CHAMPIONSHIP SERIES

Tournament _____

Club Name _____ Club CIPP # _____

Coach Name _____ Coach CIPP # _____

Coach Email _____ Coach Cell _____

Completed form must be submitted at tournament registration prior to the first match.

| Roster Number | Player's Full Name | Player's CIPP # | Non-Resident ✓ |
|---------------|--------------------|-----------------|----------------|
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| 12 | | | |

All matches will be held in accordance with the laws of the game – [as specified World Rugby](#) – as well as any and all applicable guidelines set forth by [USA Rugby](#) and the Northeast Sevens Championship Series. In particular, please ensure your club, team and all players meet the [USA Rugby Eligibility Regulations](#).

***** CLUBS ARE REQUIRED TO SUBMIT A PRINTOUT OF USA RUGBY CIPP REGISTRATION WITH THIS FORM *****