



QUALIFIER INFORMATION FORM

Please return to Fred Aubuchon (faubuchon@naia.org) by Tuesday, March 19, 2024

INSTITUTION INFORMATION

Institution:			
Mascot:			
Conference:			
Head Coach:			
Cell Phone:		Email:	
Athletic Director:			
Cell Phone:		Email:	
SID:			
Cell Phone:		Email:	
Traveling with Team: (circle one)	YES / NO		

TRAVEL PLANS

Ground Travel	Bus Company -	# of Vehicles -
Air Travel	Airline -	Flight Number -
Arrival	Date -	Time -

ATHLETIC TRAINING INFORMATION (Only list if they are traveling with your team)

Name:		Name:	
Email:		Email:	

* Only certified athletic trainers will receive AT credentials.

DRUG TESTING INFORMATION

Drug Testing Institutional Representative Name:			
Email:		Cell Phone:	

OTHER INFORMATION

Champions of Character Individual Award Winner	
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- ☐ I have filled out my Postseason Roster online – It is current and correct.
- ☐ I have filled out my Champions of Character nominee through the online submission form.
- ☐ I understand that it is the head coach's responsibility to ensure the distribution and review of the NAIA Sexual Abuse and Molestation Policy to all members of the official party.