2025 – 2026 College Disc Golf Roster Form

STUDENT Steps:

1. Print the entire form (all pages).
2. Complete the table below and any other required information for your registrar.
3. Take all completed pages to the registrar's office for verification.

*School Name: _____

*Conference: _____

*Team Contact Name: _____

*Email Address: _____

*Phone Number: _____

Registrar Seal/Stamp

PDGA #	Full Name	Student ID^

*PDGA # is not required for rostering purposes. Please leave blank if an athlete does not have a PDGA # yet. Some schools may require a unique student ID# for identification purposes.

REGISTRAR Steps:

1. Please verify each player on this roster meets the following criteria -
    a. Enrolled as a student in a degree or certificate program at the school for which eligibility is to apply.
    b. Enrolled at least half-time (at least (2) full time classes or equivalent).
2. Graduate students engaged in research, teaching, or thesis production which will lead towards the awarding of a degree qualify if compliant with Rule 1.
3. The above requirements must be applicable for the current semester at a school on a semester system. For quarter system schools, the registration requirements must be applicable throughout two of three quarters (any combination of fall, winter, and spring).
4. The half-time requirement (Rule 1.b above) is waived for students who are BOTH: 1) Taking at least the minimum course load required to graduate, where the "minimum course load" is at least one class; and 2) On track to graduate at the conclusion of the winter or spring term in the current academic year.
5. Please cross off any unverifiable names.
6. Please SIGN and SEAL/STAMP all pages of the roster in the space provided.
7. Please SIGN and SEAL/STAMP this instruction form to verify that you have received these guidelines.
8. Please email the completed form in a single PDF, including the cover page, directly to rosters@collegediscgolf.com with the subject of the email formatted as follows: "College Roster <School Name>" and provide a copy to the student who submitted this form to your office.

If you have any questions, please contact the College Disc Golf office at 803-610-1044, 2850 Commerce Dr, Rock Hill, SC 29730.

THANK YOU FOR YOUR COOPERATION

Registrar Signature: _____

Registrar Contact Name: _____

Phone Number: _____

Teams must include stamped instructions with roster. DO NOT stamp the roster without having read and stamped the instruction page. College Disc Golf has a strict policy against distributing its membership database.