



Recreational

Add/Transfer/Delete Form

Fall _____ 20 _____ Spring _____ 20 _____



Team Name: _____ Jersey Color: _____ Age _____ U Boys: _____ Girls: _____ # Players _____

Home Association: _____ (Association where Team Registers) Playing Association: _____ (Association where team plays if not Home Association)

Coach etc.	Name: (Last, First)	Sex	N/R	Address	City	Zip	() Home #	() WK #	DOB	Email Address
Coach:										
Asst.:										
Mgr.:										

Add Section: For Players not previously registered in the current Soccer Year.

Name: (Last, First)	Position	Jersey #	Address	City	Zip	() Phone	Birth Date	Email Address

Transfer Section

Reg. #	Name: (Last, First)	Position	Jer.#	Address	City	Zip	() Phone	DOB	Prior Team

Delete Section: For Players being Deleted from this current Registration Roster.

Reg. #	Name (Last, First)	Sex	Jer #	Address	City	Zip	() Phone	DOB

I certify that the above information is true and correct. Signed by Coach: _____ Date: _____

Coaches License _____

I Certify that all Paper work is in order:

Home Association Registrar: _____ Date: _____