



RECREATIONAL

ADD/TRANSFER/DELETE FORM

FALL _____ SPRING _____ YR _____



JERSEY COLOR _____

AGE U- _____

BOYS # _____

GIRLS # _____

TEAM NAME _____

PLAYING ASSN. _____

(ASSOCIATION WHERE TEAM REGISTERS)

New/Return

(ASSOCIATION WHERE TEAM PLAYS IF NOT HOME ASSN)

Revised 3-99

REG. NUM.	NAME (LAST, FIRST)	SEX	N/R	ADDRESS	CITY	ZIP	() PHONE	WORK PHONE

ADD SECTION: FOR PLAYERS NOT PREVIOUSLY REGISTERED IN THE CURRENT SOCCER YEAR.

REG.#	NAME (LAST, FIRST)	SEX	JER#	ADDRESS	CITY	ZIP () PHONE	DOB	SCHOOL

TRANSFER SECTION: FOR PLAYERS PREVIOUSLY REGISTERED TO ANOTHER TEAM MOVING TO THE ABOVE NAMED TEAM IN THE CURRENT SOCCER YEAR. A PLAYER MAY TRANSFER ONLY ONCE DURING THE SOCCER YEAR. TRANSFER COST IS \$2.00 IF THIS IS A PLAYER REQUEST ACTION.

REG.#	NAME (LAST, FIRST)	SEX	JER#	ADDRESS	CITY	ZIP () PHONE	DOB	PROGRAM

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: COACH _____

DATE _____

LICENSE _____

HOME ASSOCIATION REGISTRAR _____

DATE _____