



Revised 4/03

Recreational

Add/Transfer/Delete Form



Fall: _____ 200__ Spring: _____ 200__

Team Name	Jersey Color	# of Players on Team by Gender	Age Group	Team Gender
		B ____ G ____	U- ____	B ____ G ____

Home Association Name	Playing Association if different

(Association where Team Registers)

(Association where Team Plays if not Home Assn.)

NEW/RETURN

Coach Etc.	Name: (Last name, First)	Sex	N/R	Address	City	Zip	() H Phone	() Work #	E-mail Address	DOB
C										
AC										
Mgr										

Add Section: For Players not Previously Registered in the Current Soccer Year.

Name: (Last Name, First)	Sex	Jer. #	Address	City	Zip	() Phone	DOB	E-mail address

Transfer Section: Player Registered to a Team in the Fall, wishing to Transfer to another Team, within 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, Name First)	Sex	Jer. #	Address	City	Zip	() Phone	DOB	Prior Team

Delete Section: For Players being deleted from the current registration roster.

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

I certify that the above information is True and Correct. Signed: Coach: _____ Date: _____

I as Registrar certify that all paperwork is correct: Home Association Registrar: _____ Date: _____ Coaching License: _____