NORTH TEXAS PREMIER SOCCER ASSOCIATION ADD/TRANSFER/DELETE FORM

Team Name: _____ Div. (Required): _____

Approved By: _____ Title: _____ Date: _____

Be sure all players sign the INJURY RELEASE on the BACK of this form and are eligible to play per NTPSA Rules & Regulations (i.e., suspensions, age requirements, etc.)

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY. INCLUDE ALL PLAYER INFORMATION

Fees Collected: (Due at time of Roster Change)

PLAYER FEE (_____x $50.00) $_____

LOST ID (_____x $ 20.00) $ _____

OTHER _____ $ _____

_____ $ _____

TRANSACTION FEE $ _____5.00_____

TOTAL $_____

ADD: All players not previously registered.

	USSF#	#	NAME (Last Name, First Name)	ADDRESS	CITY	ZIP	PHONE	B-DATE
1.								
2.								
3.								
4.								
5.								
6.								

TRANSFER: Previously Registered Players-Transferring to your team. INCLUDE ALL INFORMATION

	USSF#	#	NAME (Last Name, First Name)	ADDRESS	CITY	ZIP	PHONE	B-DATE
1.								
2.								
3.								
4.								
5.								
6.								

DELETE: For players being dropped from your roster. ID CARDS MUST BE RETURNED. ***No Refunds for players that have played in the current season.***

	USSF#	#	NAME (Last Name, First Name)	ADDRESS	CITY	ZIP	PHONE	B-DATE
1.								
2.								
3.								
4.								
5.								
6.								