

NORTH TEXAS PREMIER SOCCER ASSOCIATION

ADD/DELETE FORM

Team Name: _____ Div. (Required): _____

Approved By: _____ Title: _____ Date: _____

Fees Collected: (Due at time of Roster Change)

PLAYER FEE (____x \$70.00) \$ _____

LOST ID (____x \$ 20.00) \$ _____

OTHER _____ \$ _____

_____ \$ _____

TRANSACTION FEE \$ _____ 5.00 _____

Be sure all players sign the INJURY RELEASE 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

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.								
7.								
8.								
9.								
10.								

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.								
7.								
8.								
9.								