

Team Name: _____ Div. (Required): _____

Approved By: _____ Title: _____ Date: _____

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

Fees Collected: (Due at time of Roster Change)

PLAYER FEE (____x \$85.00) \$ _____

LOST ID (____x \$ 20.00) \$ _____

OTHER _____ \$ _____

_____ \$ _____

TRANSACTION FEE \$ _____5.00_____

ADD: All players not previously registered.

TOTAL \$ _____

	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. **\$60 Refund for players that have played in the current season until 9/9-then no refunds.**

	USSF#	NAME (Last Name, First Name)	ADDRESS	CITY	ZIP	PHONE	B-DATE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							