NORTH TEXAS PREMIER SOCCER ASSOCIATION ADD/TRANSFER/DELETE FORM-SUMMER

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 $50.00) $_____

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.								
7.								
8.								
9.								
10.								
11.								
12.								