

Team Name: _____ Div. (Required): _____

Fees Collected: (Due at time of Roster Change)

Approved By: _____ Title: _____ Date: _____

PLAYER FEE (____x \$85.00) \$ _____

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.

	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. *After the first played game of the season, a refund of \$60 for players that have played (has ID card) for current season. After 9/19/19-NO REFUNDS WILL BE GIVEN FOR PLAYERS WITH CURRENT SEASON PLAYER ID CARDS.*

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