

NORTH TEXAS PREMIER SOCCER ASSOCIATION

ADD/DELETE FORM

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. *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.							