

Team Name: _____ Div. (Required): _____

Fees Collected: (Due at time of Roster Change)

Approved By: _____ Title: _____ Date: _____

PLAYER FEE (____x \$95.00) \$ _____

LATE PLAYER ADD FEE (____x \$5.00) \$ _____

Be sure all players are eligible to play per NTPSA Rules & Regulations (i.e., suspensions, age requirements, etc.)

LOST ID (____x \$20.00) \$ _____

OTHER _____ \$ _____

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY. INCLUDE ALL PLAYER INFORMATION

_____ \$ _____

ADD: All players being added to your roster.

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.

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