



PLAYER'S ROSTER CHANGE FORM

This form must be to the Secretary by Tuesday's mail the week of the tournament for players to added to the roster before the tournament, otherwise, they will be added after the tournament.

DATE

I \_\_\_\_\_ FHCASA # \_\_\_\_\_

hereby transfer from \_\_\_\_\_ Division \_\_\_\_\_

to: \_\_\_\_\_ Division \_\_\_\_\_

In making this roster change, I understand that I will not be eligible to return to the team I resigned from, including as a pickup player, for a minimum of 3 months from the date of my resignation.

PLAYER MUST COMPLETE THE FOLLOWING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Player's Signature \_\_\_\_\_

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This transfer is accepted and approved by: \_\_\_\_\_

RECEIVING MANAGER'S SIGNATURE

PLEASE COMPLETELY FILL OUT THE ABOVE FORM LEGIBLY (TYPING PREFERRED) AND MAIL TO:

Bob O'Brien

4172 Worlington Terrace

Fort Pierce, FL 34947