



# REGISTRATION CHANGE

NOTE INCOMPLETE/INACCURATE /UNREADABLE FORMS WILL BE RETURNED

Date Recd: \_\_\_\_\_

THIS FORM MUST BE COMPLETED FOR ALL MEMBER CHANGES; ONLY 1 MEMBER PER FORM

### Check appropriate boxes

**ADD A NEW MEMBER**.....complete Sect A & B

**Signature Required: Section B - Club Registrar or President**

Player card requested (allow 7 days for processing; additional charges for special handling)

**DELETE A MEMBER**

**VOLUNTARY**.....complete Sect A & C

**Signatures Required: Section C - Club Registrar or President and Parent**

Player pass must be enclosed (deletion will not be completed unless member pass is returned)

**INVOLUNTARY** ..... complete Sect A & C

Reason:  Moved  Injured  Disciplinary

Explanation: \_\_\_\_\_

**Signatures Required: Section C - Club Registrar or President**

Player pass must be enclosed (deletion will not be completed unless member pass is returned)

**TRANSFER A MEMBER TO A NEW TEAM (must be completed on one form).....complete Sect A, B, & C**

Reason for Transfer: \_\_\_\_\_

**Signatures Required: Section C - Releasing Club Registrar or President and Parent**

**Section B - Receiving Club Registrar or President**

Player pass must be enclosed (transfer will not be completed unless member pass is returned)

Has your current team coach been notified of this transfer request (releasing club only)  YES  NO

Player being transferred has met all financial obligations with releasing club  YES  NO

### SECTION A: MEMBER DATA

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  BD Verified

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### SECTION B: MEMBER ADD

Add To: DIST#: \_\_\_\_\_ CLUB#: \_\_\_\_\_ TEAM#: \_\_\_\_\_ AGE: U-\_\_\_\_ SEX: \_\_\_\_\_ SEASON: \_\_\_\_\_  Comp or  Rec

Position:  Player or  \*Coach or  \*Asst Coach or  \*Team Manager

CLUB NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

Verified by Registrar/ President: name \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

### SECTION C: MEMBER DELETE/TRANSFER

Delete from: DIST#: \_\_\_\_\_ CLUB#: \_\_\_\_\_ TEAM#: \_\_\_\_\_ AGE: U-\_\_\_\_ SEX: \_\_\_\_\_ SEASON: \_\_\_\_\_  Comp or  Rec

CLUB NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Verified by Registrar/President: name \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

Date Completed: \_\_\_\_\_

<b>FEES:</b> Recreational Player	\$ _____
Classic Player	\$ _____
Coaches & Managers	\$ _____
Replace Player Pass (card)	\$ _____
Delete/Transfer (Dues Non Refundable; Non Transferable)	\$ _____
Special Handling (Overnight Mail)	\$ _____

Please Keep A Copy For Your Record

**TOTAL** (enclosed) \$ \_\_\_\_\_