

# 2010 Roster Change Form

**Team Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

## *Previous Player*

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth**  
**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Pre-Ordered Official Tournament Shirt (\$8.00) Shirt Size** \_\_\_\_\_

## *New Player*

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth**  
**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Pre-Order Official Tournament Shirt (\$8.00) Shirt Size** \_\_\_\_\_

Please do not forget to send in OR bring a Medical Release Form, completed by the new player.