

## **Missouri Youth Soccer Association**



## **Roster Change Form**

Team Name:		Clu	Club Name:		Team Number:		
( ) Boys Team	) Boys Team ( ) Girls Team		Team Age Division:		Coach Name:		
Roster Change Co	odes: A – Add	D – Drop PT	– Primary Transfer	ST –	Secondary Transfer	DR - Dual Ros	ster Request
coach/manager Soccer Registra	from the roster with	out parent or legal g	_	-	ers can not be dropped nited circumstances as	-	
Change Code	ID Number	Player's Name	Parent/Legal Guard Signature	dian	Address		Birthday MM/DD/YYYY
1.							
2.							
3.							
4.							
5.							
I hereby certify	that the above inform	mation is true and co	rrect.				
(Signature of Coach or Manager) (Date)		(Date)		(League Registrar)			(Date)
(Signature of Clu	 b Administrator if requ	ired) (Date)	_				