



ADDITION DELETION FORM - PLAYER

Team _____ Division _____ Level _____

ADD/ DEL	NAME	SEX	ADDRESS	CITY	P.C.	Phone #	D.O.B	EMAIL

ADDITIONS/DELETIONS MUST BE COMPLETED BY JANUARY 15th YEARLY

Incomplete forms will not be accepted, they will be returned to the Local Association

President/Convenor Signature

Date