

South Dakota State Soccer Association

Affiliated with USYSA and USSF

ADD/DROP PLAYER FORM

SEASON 200__ through 200__

Club# _____ Club Name _____ Div _____

Team# _____ Team Name _____

Team Manager _____ Phone _____

Address _____ City _____ Zip _____

Team Coach _____ Phone _____

Address _____ City _____ Zip _____

ADD THIS/THESE PLAYER(S)

This Player's

Player(s)	Signature(s)	Reg. No	Birthday	Jersey No.	This Player's Secondary Team

DROP THIS/THESE PLAYER(S)

I HEREBY CERTIFY THE ABOVE IS TRUE AND CORRECT.

Signature of Club Registrar _____ Date _____

Received by State Registrar _____ Date _____

FORM MUST BE TYPED AND HAVE APPROPRIATE SIGNATURES (For best results set printer to landscape mode before printing)