



PLAYER'S ROSTER CHANGE FORM

DATE

I \_\_\_\_\_ FHCASA # \_\_\_\_\_

hereby transfer from \_\_\_\_\_ Division \_\_\_\_\_

to: \_\_\_\_\_ Division \_\_\_\_\_

In making this roster change, I understand that I will not be eligible to return to the team I resigned from, including as a pickup player, for a minimum of 6 months from the date of my resignation.

Form 3B must be submitted to the Secretary or Commissioner before playing in a tournament and should be submitted no later than close of business on the Monday before the tournament when the change is expected to take place.

PLAYER MUST COMPLETE THE FOLLOWING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Player's Signature \_\_\_\_\_

This transfer is accepted and approved by: \_\_\_\_\_

RECEIVING MANAGER'S SIGNATURE

PLEASE COMPLETELY FILL OUT THE ABOVE FORM LEGIBLY (TYPING PREFERRED) AND MAIL TO:

Greg Hazel

6700 150th Ave N #200

Clearwater, FL 33764