



MANAGER'S ROSTER ADDITION FORM

DATE

Please add _____ FHCASA # _____
to the roster of _____

This form is to be used to add new players to your roster who have not played for another team within the past six months or have never been on a Florida Half Century Roster. It does not replace the 3A or 3B form. It is the manager's responsibility to verify the status of the player.

PLAYER'S CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

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