

M.A.S.A.
P.O. BOX 49
MERIDEN CONN 06450

IMPORTANT: THIS ROSTER CHANGE FORM MUST BE SUBMITTED TO P.O. BOX 49

ROSTER CHANGE FORM:

Team Name _____ Date _____ Division _____
Men's _____ Women's _____

OMIT THE FOLLOWING NAME(S) FROM OUR ROSTER

- 1) _____
- 2) _____

NAMES ADDED TO OUR ROSTER

Name & Address	Team & Division Played Last Year	Age	Phone _____
1) _____	_____	_____	Work _____ Home _____
2) _____	_____	_____	Work _____ Home _____

REASON FOR

- _____ First Week Add/Drop Provision
- _____ Injury (Must be substantiated with a Doctor's verification)
- _____ Other

Team Rep Name _____ Team Reps Home Phone _____
Team Reps Work Phone _____
Manager's Signature _____ MGR'S Home Phone _____
MGR'S Work Phone _____

*** MASA USE ONLY ***

DATE _____
AUTHORIZED SIGNATURE _____
CHANGE MADE _____
CHANGE DENIED _____

NOTE *Players may be added or changed only up until the first friday of league play. Injured players once removed may not return in the same season. Teams will be notified of any denied players.*