

# M.A.S.A. Roster Change Form

IMPORTANT: THIS ROSTER CHANGE FORM MUST BE SUBMITTED TO [meridensoftball@yahoo.com](mailto:meridensoftball@yahoo.com)

## ROSTER CHANGE FORM

Team Name \_\_\_\_\_ Date \_\_\_\_\_ Division \_\_\_\_\_  
Men's \_\_\_\_\_ Women's \_\_\_\_\_

### OMIT THE FOLLOWING NAME(S) FROM OUR ROSTER

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### NAMES ADDED TO OUR ROSTER

Name and Address	Team/Division Played Last Year	Age	Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

### REASON FOR

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

Team Rep Name \_\_\_\_\_ Team Reps Phone \_\_\_\_\_

Manager's Signature \_\_\_\_\_ MGR'S Phone \_\_\_\_\_

◆ ◆ ◆ **MASA USE ONLY** ◆ ◆ ◆

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Change Made \_\_\_\_\_  
Change Denied \_\_\_\_\_