

RUSSELLVILLE RECREATION AND PARKS DEPARTMENT

(Circle One)

Roster Deletion Form /Player Transfer Form

League: _____ Adult Mixed Volleyball
_____ Men's Softball _____ Summer _____ Fall
_____ Women's Softball _____ Summer _____ Fall

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Complete for Roster Deletion

I _____ DELETE THE FOLLOWING PLAYER(S) FROM OUR TEAM:
Team Manager

TEAM NAME: _____ DIVISION: _____

PLAYERS NAME(S) and SIGNATURES:

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____

MANAGERS SIGNATURE

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Complete for Player Transfer

Player's Name: _____ Signature: _____

Team Releasing Player: _____ Division _____

Manager: _____ Signature: _____

Team Adding Player: _____ Division _____

Manager: _____ Signature: _____

Reason For Transfer: _____

Notice: Roster Addition Fee must be paid before transfer is valid.

Office Use Only

Date Received: _____	Received By: _____
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