

City of Big Rapids
 Department of Recreation
 ROSTER CHANGE FORM

TEAM NAME: _____

DATE: _____

CAPTAIN'S SIGNATURE: _____

Or

ALTERNATE CAPTAIN'S SIGNATURE: _____

ADD

I, the captain of said team, wish to add the following player(s) to my team's roster, knowing that the player(s) must wait seven (7) days from the time this form is received by the Recreation Staff. The day this form is received by the Recreation Office Staff is considered the first day of the seven days. I also know that the player(s) name cannot be on any other team's roster in my teams division.

NAME OF PLAYER	ADDRESS	CITY	HOME PHONE	SCHOOL DISTRICT	TOWNSHIP	SIGNATURE

DROP

I, the captain of said team, am dropping said player(s) form my roster. I understand that the player(s) cannot be put back on my roster for the remainder of the season. Although, the player(s) have the option of being added to another team's roster if they wish to do so.

NAME OF PLAYER	ADDRESS	CITY	HOME PHONE	SCHOOL DISTRICT	TOWNSHIP