

LONG ISLAND JUNIOR SOCCER LEAGUE ADD / DELETE SHEET ADDITIONAL PLAYER(S)

PLEASE NOTE TO ADD PLAYERS TO A TEAM THIS FORM MUST BE ACCOMPANIED WITH A PARENT SIGNATURE FORM

CLUE	3 NO	CLUB NAME:	TEAM NAME:								AGE GROUP: (ie: B098)					
	FIRST NAME	LAST NAME	PASS #	DOB	ADDRESS	TOWN	ST	ZIP	PHONE PLEASE INCLUDE AREA CODE		EMAIL	JERSEY #	PREVIOUS CLUB OF PLAYER (IF APPLICABLE)	YEAR PLAYEI	DATE(CODE
1.																
2.																l
3.																
4.																
5.																
PLAY	ER DELETES:	YOU MUST L	<i>EGIBLY</i> FILL	IN ALL	INFORMATION OR YOU	JR PASS WIL	L NOT E	BE PRO	DCESSED		AMURAL PLAYER		LAYER	•	\$25	
	FIRST NAME	LAST NAME	PASS N	Э.	GOING TO		MUST BE COMPLETED			N NEW PLAYER (NEED BIRTH CERTIFICATE) T TRANSFERRED PLAYER (10 day)					\$31	1
1.											season transfer af				ψı	
2							(PASS ATTACHED ALL LEAVING VOLUNTARILY)				You must follow LIJSL Registration Guidelines					
3.											T TRANSFERRED PLAYER \$5 (in season transfer during club registration period)					i.
4.										R PLAYER PLAYED FOR YOU LAST TIME HE/SHE PLAYED \$31						
5.							P PLAYER PLAYED FOR ANOTHER CLUB PRIOR TO SEASONAL YEAR							\$31		
										CI	N-CLUB TRANSFEF	AND CP CLU	JB PLAYER		\$5	;
		ULT SUPERVISORS:	i	1		ii					1	PLEASE	INCLUDE AREA CO			
	FIRST NAME	LAST NAME	PASS NO		ADDRESS		TOWN		ST	ZIP	PHONE NO	E	EMAIL	A	DD/DF	lOP
1														_		
2																
3.																
4.																

SIGNATURE OF REGISTRAR: