

# WESTERN MISSOURI SOCCER LEAGUE, INC. – SUPPLEMENTAL ROSTER

---

**Team Name:** \_\_\_\_\_ **Team #** \_\_\_\_\_ **Age: U** \_\_\_\_\_ **Boy/Girl**

**Coach/Manager:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

---

### Additions or Transfers - Maximum three (3) transfers per year

Player's/ Coach's Name (print)	Transfer From What Team	Street Address, City, State, Zip	ID Number	Birthday YY/MM/DD	A-dd T-ransfer
1.					
2.					
3.					
4.					

I certify that to the best of my knowledge the contents of this form are true and correct, and that all players herein have shown proof of age as required by the United States Youth Soccer Association.

Coach/Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Deletions from Roster – A PLAYER DELETION Form Must Be Filled Out & Attached For Each Player

Player's Name (print)	Street Address, City, State, Zip	ID Number	Birthday YY/MM/DD
1.			
2.			
3.			

I hereby release this/these player(s) to play for the team of their choice.

Coach/Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

League Registrar's Signature \_\_\_\_\_ Date: \_\_\_\_\_