



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship – Player Development

# Player Drop Request Form

--- To be filled out by Coach and Division Director---

Fall  Spring       Boys  Girls       U-19  U-16  U-14  U-12  U-10  U-8  U-6

Team # \_\_\_\_\_ Coach Name \_\_\_\_\_ Date \_\_\_\_\_

Drop Requested by:  Coach       Parent/Guardian      Player Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Reason for drop request:       Player cannot be contacted  
 Other \_\_\_\_\_

Did player attend practice?       Yes  No      attend games?  Yes  No

If yes, how many? \_\_\_\_\_      If yes, how many? \_\_\_\_\_

Did Player receive a uniform?       Yes  No      If yes, was it returned?  Yes  No

**Verification:** If the drop is requested by the Coach/Player, the Parent/Guardian must be contacted to verify the request:

Was contact made?       Yes  No      if yes, how?       Phone       Visit to Residence

Reason for drop \_\_\_\_\_

Reason if contact was not made:       No response/Note left at residence       Player moved

Other \_\_\_\_\_

**Recommendation:**

Drop Request Recommended?  Yes  No

Other \_\_\_\_\_

Division Director (Print Name)

Date

**Received by:**

Registrar \_\_\_\_\_ Player Registered?       Yes  No      Total Fee Paid? \$ \_\_\_\_\_  
Date Received

- Cash
- Check
- Credit Card

Signature of Registrar: \_\_\_\_\_

Treasurer \_\_\_\_\_ Refund Amount: \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Date of Check \_\_\_\_\_  
Date Received

Signature of Treasurer \_\_\_\_\_