



Softball PLAYERS Association

Official Player Addition Form

(Please Type or Print Legibly)

This form must be completed and signed by the player being added to this teams roster and the team manager that is adding the player to his team roster. This form must be submitted to the S.P.A. National Headquarters, prior to this player participating with this team in a S.P.A. qualifying or sanctioned event, including the S.P.A. National Championships. Player and Team Manager are subject to disciplinary action by S.P.A. if this procedure is not followed completely and correctly.

Players Name _____
(Last) (First) (Initial)

Address _____

City _____ State _____ Zip _____

Telephone: Residence (_____) _____

Business (_____) _____ Fax (_____) _____

I, _____ do hereby request to be added to the
(Players Name)

_____ Effective Date _____
(Team Name)

***(Required) Previous Team Name:-----**

New Team :

Team Name _____ S.P.A. Sanction # _____ Age Division _____

Team Manager _____ Classification _____

Address _____

City _____ State _____ Zip _____

Telephone: Residence (_____) _____

Business (_____) _____ Fax (_____) _____

I, do hereby add _____ to the _____
(Players Name) (Team Name)

Effective Date _____ Signature _____ Date _____

Note: On completion of this form please fax to S.P.A. National Headquarters (405) 463-3307