



# 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 an 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.

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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)

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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 (281) 379-1229**