



City of Santa Maria Recreation & Parks Department
PLAYER ADD/DROP FORM

- BASKETBALL PICKLEBALL SOFTBALL VOLLEYBALL

Team Name: _____	Date: _____
Division: _____	Night of Play: _____

****Add/Drop Slip Must Be Submitted 48 Business Hours in Advance****

<input type="checkbox"/>	ADD	_____	_____	_____
		Name	Address	Phone
<input type="checkbox"/>	ADD	_____	_____	_____
		Name	Address	Phone
<input type="checkbox"/>	ADD	_____	_____	_____
		Name	Address	Phone
<input type="checkbox"/>	ADD	_____	_____	_____
		Name	Address	Phone
<input type="checkbox"/>	DROP	_____		
		Name		
<input type="checkbox"/>	DROP	_____		
		Name		

Office Use Only

Date: _____

Eligible as of: _____

Initials: _____

**Only the team Manager may
complete this form.**

_____ Manager's Signature