



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