



# Player Replacement Form

Division: \_\_\_\_\_

Team Name: \_\_\_\_\_

Coach Requesting Change: \_\_\_\_\_

Date: \_\_\_\_\_

## *Original Player:*

First Name: _____	Last Name: _____
-------------------	------------------

## *New Player:*

First Name: _____	Last Name: _____	
Age: _____ (on 7/31/2008)	Birth date: _____	
Address: _____		
City: _____	State: _____	Zip: _____
T-shirt Size ( YS YM YL AS AM AL AXL AXXL ) please circle one		

<b>For Official Use Only: Received Date:</b> _____
_____ Player has appropriate travel papers
_____ Player has proof of age (valid player pass, drivers license, or birth certificate)
_____ Player's birthdate qualifies player for the correct age division

**Information: Phone:** Regina Martin: 859.986.8790 or **Email:** [winterclassic3v3@yahoo.com](mailto:winterclassic3v3@yahoo.com)