



USPSA TEAM SPLIT FORM

Please complete request form and mail or email to USPSA Secretary.
40 Jeffrey Dr. Columbia City, IN 46725 or email to: secretary@powersoccerusa.org

Date: _____

Original Team Name: _____ Conf: _____

Head Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone number: (_____) _____

How many athletes **on original team?** _____ **On split team?** _____

Name of New Team: _____

New Team Head Coach: _____

Will additional players be joining or transferring to either team? YES NO

New Roster for Original Team

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

New Roster for Split Team

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

For office use only

Athletes approved to transfer to new team due to split: approved denied

Reason: _____

Approved by: _____ Date: _____