

## **USPSA TEAM SPLIT FORM**

Please complete request form and mail or email to USPSA Secretary.

10974 Wintercove Way, Fishers, IN 46038 or email to: secretary@powersoccerusa.org

Date:	
Original Team Name:	Conf:
Head Coach:	
Address:	
	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 tran	sferring to either team? ☐ YES ☐ N
New Roster for Original Team	New Roster for Split Team
1 2	
2 3	2
4.	4
5	5
6 7.	
8	
0.	
For office use only	
Athletes approved to transfer to new team due	o split: approved denied
Reason:	