

# Request for Drop

**Player**

Circle One

**Coach/Manager**

Please mail forms and fees to Tennessee Soccer, 2500 Executive Park Dr., Cleveland, TN 37312

\_\_\_\_\_ **Drop** (Return Player/Coach Pass) - **No Charge** – players; **\$5** - Coach Drop

ID#: \_\_\_\_\_ Coaching License Number (if adding coach): \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone with area code: \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

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## Team Information

Association: \_\_\_\_\_ Division & Age: \_\_\_\_\_

Team Roster ID #: \_\_\_\_\_ Coach Name: \_\_\_\_\_  
\_\_\_\_\_ (please  
print)

## Signatures Required:

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_