

**GASTONIA PARKS & RECREATION DEPARTMENT
ADULT TEAM ROSTER DELETION FORM**

TEAM: _____ **LEAGUE** _____ **DATE** _____

Please delete the following players form our roster:

Name: _____

Effective Date: _____

Name: _____

Effective Date: _____

Name: _____

Effective Date: _____

Name: _____

Effective Date: _____

Name: _____

Effective Date: _____

Name: _____

Effective Date: _____

Manager's Signature: _____

Manager's Name: _____

(PLEASE PRINT)

ACCEPTED BY: _____

DATE ACCEPTED: _____