

Stamford Bocce League

Change of Player

This Form May Only be Used during the First Two Weeks

Must be completed by the team Captain and submitted to the Secretary
one week prior to using new players.

Team Name _____

Team Captain _____

Address _____

City, State Zip Code _____

Home Phone _____ Alt. Phone _____

Email Address _____

Player Being Removed _____

Home Phone _____ Alt. Phone _____

Player Being Added _____

Home Phone _____ Alt. Phone _____