



JERSEY NUMBER CHANGE FORM

YEAR: _____

AREA: _____

ATHLETE LAST NAME	ATHLETE FIRST NAME	AGE DIVISION	PREVIOUS #	NEW #
				<input type="text"/>

REASON FOR CHANGE *(BE SPECIFIC)*:

AREA DIRECTOR SIGNATURE: _____

DATE: ____/____/____

***This form is an extension of the official JFLOCI roster and must always be presented as such. Not valid unless signed and dated by the Area's Director. ***

***A COPY OF THIS FORM MUST BE SENT TO THE LEAGUE OFFICE
WITHIN 24 HOURS OF COMPLETION***