



ADDITION/DELETION FORM-BENCH STAFF

TEAM: _____ DIVISION: _____ LEVEL: _____

CATEGORY: (i.e coach, trainer, manager) _____

ADD/DEL	NAME	ADDRESS	CITY	POSTAL CODE	PHONE NUMBER	QUALIFI- CATIONS

***ADDITIONS/DELETIONS MUST BE COMPLETED PRIOR TO JANUARY 15TH YEARLY**