

## TEAM CHANGE FORM

Team Name:			Team ID:	
Important Information about Team Changes:				
<ul> <li>No statistical history shall be transferred from the Team ID, even if the team dissolves.</li> <li>If a team remains in effect and a team member is departing, that team member is not entitled to transfer team listings into their own name unless otherwise authorized by the Participant.</li> <li>If a dissolving team has current listings, those listings will be distributed as directed by the Participant.</li> <li>If a member of a team makes more than one change within the calendar year, there will be \$25 fee assessed.</li> </ul>				
Requested Change:				
□ Team Name: □ Team Email Address:				
□ Team Contact Phone:				
□ <b>Add the following To</b> Member Name		U#	Signature	
□ Remove the following Team Members:  Member Name		U#	Signature	
□ <b>We wish to dissolve the Team -</b> The following list Listing # Listing Agent		ings shall be	e reassigned as follows*: D-Listing Agent (if applicable)	DR Initials
*For additional listings, please provide an added document or email with the appropriate reassignment				
*REQUIRED**				
Participant Name:				
Participant Signature:				