



COMPETITIVE TEAM  
DISBANDMENT  
REQUEST

[release\\_transfer@ntxsoccer.org](mailto:release_transfer@ntxsoccer.org)

3803 Parkwood Blvd. #200  
Frisco, TX 75034  
P: 214-297-5022

TEAM NAME:		TEAM AGE	Boys	Girls
HEAD COACH NAME:		PHONE		
HEAD COACH EMAIL ADDRESS		TEAM'S NTSSA MEMBER ASSOCIATION WHERE REGISTERED		
TEAM'S LEAGUE		TEAM'S MEMBER ASSOCIATION REGISTRAR		

**Statement of Reason for Disbanding - Please list any players that contributed to the team disbanding in your statement. Include name, last date of play, last date of contact, and how they contributed to disbanding of team.**

TEAM'S HEAD COACH SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

TEAM'S NTSSA MEMBER ASSOCIATION SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

NTSSA YOUTH COMMISSIONER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Must have head coach and Member Association signature before submitting.

Submit this Form along with a Competitive Release/Transfer form for each rostered player and a copy of your NTSSA Official Roster from your Member Association to [release\\_transfer@ntxsoccer.org](mailto:release_transfer@ntxsoccer.org)

After emailing, you may be asked for additional items if needed.  
You will be notified if approved or denied after full submission is reviewed.

Any questions, please email [release\\_transfer@ntxsoccer.org](mailto:release_transfer@ntxsoccer.org)