



# Notice of Request to Disband a Team

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District: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Team Number: \_\_\_\_\_ Age/Gender Division: \_\_\_\_\_

Team Name: \_\_\_\_\_

Reason for Disbanding: (Be Specific)

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**Attach a copy of the roster to this form**

Advise the proposed disposition of these players:

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Decision of the MYSA Council:    Approved                   Disapproved

Date: \_\_\_\_\_