



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

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www.enysoccer.com

The Game for All Kids!

TEAM RELEASE / TRANSFER FORM

SEASONAL YEAR _____

I hereby request release / transfer of registration from my current club to the club listed below:

Name of Head Coach: _____ DOB: _____

City: _____ USYS coach pass number: _____

Phone #: _____ Email: _____

Signature of Coach: _____ Date: _____

Current Club: _____ Name of Team: _____

Current Club President: _____ Phone #: _____

Signature of Club President: _____ Date: _____

New Club (if none, leave blank): _____

New Club President: _____ Phone #: _____

Signature of New Club President: _____ Date: _____

AFTER COMPLETING THE ABOVE, PLEASE SEND THIS FORM **TO YOUR LEAGUE OFFICE.**

LEAGUE APPROVAL: _____ Date: _____

ENYISA APPROVAL: _____ Date: _____

