

EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

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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: _____ ENYYSA APPROVAL: _____ Date: _____