

Eastern New York Youth Soccer Association, Inc.

Affiliated with ENYSASA – USYSA – USSF – FIFA



53 North Park Avenue, Suite 207, Rockville Centre, New York 11570-4111
516-766-0849 • 1-888-5-ENYISA • Fax 516-678-7411 • E-Mail enyoffice@enysoccer.com

DIRECTIONS FOR PLAYERS REQUESTING TO PLAY OUT OF STATE THAT NEED PASSES ISSUED BY ENYISA

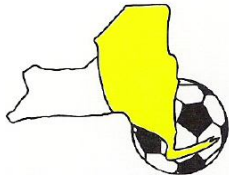
ALL INFO ON THE PERMISSION FORM MUST BE COMPLETED IN ORDER TO COMPLETE THE
INFO ON PLAYER PASS.

THE FOLLOWING MUST ALSO BE PROVIDED:

1. BIRTH CERTIFICATE
2. SMALL 1' X 1' PHOTO
3. PLAYERS SIGNATURE ON A WHITE PIECE OF PAPER
4. A \$30 DOLLAR CHECK MADE OUT TO, ENYISA
5. A SELF ADDRESS ENVELOPE TO RETURN THE PERMISSION FORM AND PASS

10/10/08





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PLAYER/TEAM PERMISSION FORM OUT OF STATE SEASONAL YEAR _____

Name (print) _____ D.O.B. _____
Address _____ ID# _____
City _____ State _____ Zip _____
Signature _____ Phone # _____

(if this is for a team, the coach must complete the above omitting the D.O.B.)

_____ Permission for a **Player residing within Eastern New York boundaries** to play outside of ENY.

Age Group _____ Team _____ Club _____ League _____ State _____

If the player is/was registered within ENYISA for the current seasonal year, they must provide a release from the club/league and attach to this form. There is a \$10 transfer fee payable to ENYISA, for this transaction. If the player was not registered for the current seasonal year then the player must pay a \$30 out of state registration fee, payable to ENYISA. No permission is granted without said fees enclosed.

_____ Permission for a **Team residing within Eastern New York boundaries** to play outside of ENY.

Currently registered with: Team _____ Club _____ League _____

League Approval _____

Requesting to play with: Club _____ League _____ State _____

(League approval is needed if the team is currently registered with a league in ENY.)

Team roster and a team fee of \$100 payable to ENYISA must accompany this request.

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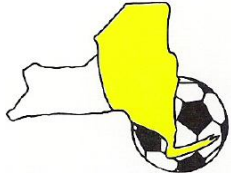
ENYISA Approval _____ Date _____

Name of other State Association _____

Other State Assoc. Approval _____ Date _____

THIS FORM MUST BE COMPLETED EACH SEASONAL YEAR (SEPT. 1- AUG.31)





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8/21/08

