



19 Aviation Rd.
Albany, NY 12205

Capital District Youth Soccer League 2011/2012

518-435-2325
fax 518-435-2328
cdyslregistrar@cdysl.org

Club: _____ Date Submitted: _____

List Team(s) Registering: _____

# of Players				
	Travel Players @	\$18.00	=	\$ 0.00
	Non-Travel Players @	\$8.00	=	\$ 0.00
	Transfer from Non-Travel to Travel @	\$10.00	=	\$ 0.00
	ENYYSA Payment Sub Total		=	\$ 0.00
	CDYSL Travel Player Registration Fee @	\$12.50	=	\$ 0.00
	CDYSL Recreational Player Registration Fee @	\$2.00	=	\$ 0.00
	CDYSL Recreational Plus Player Registration Fee @	\$7.00	=	\$ 0.00
	CDYSL Transfer Fee from Recreational to Travel @	\$10.50	=	\$ 0.00
	CDYSL Transfer Fee from Recreational Plus to Travel @	\$10.00	=	\$ 0.00
	CDYSL Transfer Fee from Recreational to Rec Plus @	\$5.00	=	\$ 0.00
	CDYSL Payment Sub Total		=	\$ 0.00
	Miscellaneous fees			
	Pass replacement (lost or lamination of new pass)	\$2.00	=	\$ 0.00
	League Guest Player Fee	\$5.00	=	\$ 0.00
Total Payment			=	\$ 0.00

Registration Check List

- | | |
|---|--|
| <input type="checkbox"/> ENYYSA Registration Worksheets (2 copies)
<input type="checkbox"/> ENYYSA Official Team Roster (1 copy unapproved "formal" roster)
<input type="checkbox"/> Player passes with photo attached
<input type="checkbox"/> Copy of most recently approved roster (Only if adding to a previously approved roster) | <input type="checkbox"/> Add / Drop / Transfer form as needed (1 copy)
<input type="checkbox"/> League Guest Player Release form as needed (1 copy)
<input type="checkbox"/> Copy of Coach License (if not already submitted – for Head coach only)
<input type="checkbox"/> Check made payable to CDYSL |
|---|--|

Club Registrar: _____

Address: _____

Phone: _____ Email address: _____