



Capital District Youth Soccer League 2022/23

19 Aviation Rd, Suite 9, Albany, NY 12205

518-435-2325 fax: 518-435-2328 cdysloffice@cdyslorg

Club: _____ Date Submitted: _____

List Team Processing: (only 1 per worksheet): _____

# of Players			
	ENY Travel Player Processing Fee @	\$19.00	=
	ENY Non-Travel Players Processing Fee @	\$7.00	=
	ENY Transfer for Non-Travel to Travel Processing Fee@	\$12.00	=
	ENYISA Payment Sub Total		=
	CDYSL Travel Player Processing Fee @	\$16.00	=
	CDYSL Recreational Player Processing Fee @	\$3.00	=
	CDYSL Recreational Plus Player Processing Fee @	\$8.00	=
	CDYSL Transfer Fee from Recreational to Travel @	\$13.00	=
	CDYSL Transfer Fee from Recreational Plus to Travel @	\$10.00	=
	CDYSL Transfer Fee from Recreational to Rec Plus @	\$5.00	=
	CDYSL Coach Processing Fee	\$10.00	=
	CDYSL Payment Sub Total		=
	Miscellaneous fees		
	Printed Pass	\$5.00	=
	Reprint or lost pass	\$5.00	=
	Player Transfer fee	\$5.00	=
	League Guest Player Fee (CDYSL Spring Play use ONLY)	\$5.00	=
	Office Upload of CSV File	25.00	=
	Non-CDYSL Team Registration	\$75.00	=
	Expedited Processing	\$150.00	=
	Total Payment		=

Registration Check List

- | | |
|--|---|
| <p>_____ 2 ENYISA Registration Processing Worksheet per team included</p> <p>_____ Roster has been uploaded/created in GotSport</p> <p>_____ Player Birth Verification document has been uploaded, if needed</p> <p>_____ Copy of most recent roster. If adding/dropping player or adding coach, include approved roster</p> | <p>_____ Add/Drop/ Transfer form included if needed</p> <p>_____ League Guest Player Release for if needed</p> <p>_____ Copy of Coach License/Safesport Certification, if necessary</p> <p>_____ Payment Included</p> |
|--|---|

Club Registrar: _____

Address: _____

Phone: _____ Email address: _____