



# EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

265 Sunrise Highway, Suite 38, Rockville Centre, NY 11570

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www.ensoccer.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: \_\_\_\_\_

