

Stanwood Camano Youth Soccer Club

PO Box 815, Stanwood, WA 98292

<http://scysc.com>

info@scysc.com

Team Reassignment Request

Please Note:

- This is a request to transfer a player to a team other than assigned in the previous season.
- Player registration should be completed prior to submitting this form.
- Reassignment requests will NOT be accepted for new players.
- Reassignment requests will NOT be accepted by telephone.
- Reassignment requests will NOT be accepted for a specific team, coach, or to be with a specific player.
- This form must be received no later than July 1st.
- The SCYSC Coordinators and Board will consider the request and you will be notified by July 10th.

Players Name: _____ Birthdate: _____ Gender: M / F

Parents Name: _____

Address: _____

Phone Number: _____

Previous Team: _____ Coach: _____

Reason for Request : _____

Parent Signature _____ Date: _____

Please mail the completed form to: SCYSC, PO Box 815, Stanwood, WA 98292