

STANWOOD CAMANO YOUTH SOCCER CLUB

PO Box 815, Stanwood, WA 98292

www.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 CAN NOT be accepted for new players to SCYSC
- ⤴ Reassignment requests will NOT be accepted via EMAILS, PHONE CALLS OR through SOCIAL MEDIA
- ⤴ Reassignment requests will NOT be accepted for a specific team, coach or player
- ⤴ This form must be received by July 15th.
- ⤴ The SCYSC Coordinators and Board will consider the request and you will be notified by July 21st

Players Name: _____ Gender M / F

Players Birth Date: _____

Parents Name: _____

Address: _____

Phone Number: _____

Previous Team: _____ Coach: _____

Reason for Request: _____

Parent Signature: _____ Date: _____

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