

# 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 SOCIAL MEDIA
- ⤴ Reassignment requests will NOT be accepted for a specific team, coach or player
- ⤴ This form must be received by July 1<sup>st</sup>.
- ⤴ The SCYSC Board will consider the request and you will be notified by July 21<sup>st</sup>

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