

**EAST HUDSON YOUTH SOCCER LEAGUE, INC.**

**407 Route 6  
MAHOPAC, NEW YORK 10541**

**(845) 621-0112  
FAX (845) 621-0114**

**email soccer@ehysl.org  
web www.ehysl.net**

**PLAYER TRANSFER RECORD**

NAME OF PLAYER ( PLEASE PRINT ) \_\_\_\_\_

SIGNATURE OF PLAYER \_\_\_\_\_

PASS # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

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CURRENT LEAGUE \_\_\_\_\_ CLUB \_\_\_\_\_

DIVISION \_\_\_\_\_ TEAM NAME \_\_\_\_\_ TEAM # \_\_\_\_\_

CURRENT COACHES SIGNATURE \_\_\_\_\_

CLUB OFFICERS RELEASE SIGNATURE \_\_\_\_\_

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NEW LEAGUE \_\_\_\_\_ CLUB \_\_\_\_\_

DIVISION \_\_\_\_\_ TEAM NAME \_\_\_\_\_ TEAM # \_\_\_\_\_

ACCEPTANCE SIGNATURE OF CLUB OFFICIAL \_\_\_\_\_

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**ORIGINAL LEAGUE USE ONLY**

DATE RECEIVED \_\_\_\_\_ PLAYER PASS RECEIVED \_\_\_\_\_

LEAGUE REGISTRAR'S APPROVAL / DATE \_\_\_\_\_

EFFECTIVE DATE FOR COMPETITION \_\_\_\_\_

NOTES : \_\_\_\_\_

**TRANSFER REQUIREMENTS:**

1. Player Transfer Record must be complete with all required signatures.
2. Player Pass from original team must be returned to the office.
3. Parents must submit a letter to explain the reason for the transfer.
4. A check for \$50 made out to EHYSL must accompany form.

**No transfer will be processed without all of the above.**