



USAYESS ATHLETE TEAM TRANSFER FORM

State Organization must keep original on file

DATE: _____

Athlete Name (print): _____ USYESS Member #: _____

Phone: _____ Signature Name: _____

Request to transfer from (Team Name & Number): _____ to

Team (Team Name & Number): _____ .

Reason for request:

Current Team Head Coach Name (print): _____ USYESS Member #: _____

Phone: _____

Approved Denied

Head Coach Signature: _____ Team Number: _____

Date: _____

New Team Head Coach Name (print): _____ USYESS Member #: _____

Phone: _____

Approved Denied

Head Coach Signature (if head coach unwilling to sign, parent's signature is required): _____

Team Number: _____

Date: _____

State Organization Official Name (print): _____ State Org: _____ YESS

Approved Denied

State Officer's Signature: _____ USYESS Member #: _____

Date: _____