



**USAYESS ATHLETE TEAM TRANSFER FORM**

DATE: \_\_\_\_\_

**Athlete Name (print):** \_\_\_\_\_ USYESS Member #: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature Name: \_\_\_\_\_

Request to transfer from (Team Name): \_\_\_\_\_ to team  
(team name): \_\_\_\_\_ .

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Team Head Coach Name (print):** \_\_\_\_\_ USYESS Member #: \_\_\_\_\_

Phone: \_\_\_\_\_

Approved  Denied

Head Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**New Team Head Coach Name (print)::** \_\_\_\_\_ USYESS Member #: \_\_\_\_\_

Phone: \_\_\_\_\_

Approved  Denied

Head Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**State Organization Member Name (print):** \_\_\_\_\_ State Org: \_\_\_\_ YESS

Approved  Denied

State Officer's Signature: \_\_\_\_\_ USYESS Member #: \_\_\_\_\_

Date: \_\_\_\_\_

**Please secure all required signatures and mail copy to along with a \$25 check made out to USAYESS to:  
P.O. Box 1022 | Colville, WA | 99114**