



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 or Parent's Name (print): _____ USYESS Member #: _____

Phone: _____

Approved Denied

Head Coach or Parent Signature: _____

(If parent, parent is stating that they have notified the head coach in writing)

Date: _____

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

Phone: _____

Approved Denied

Head Coach Signature: _____

Date: _____

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

Approved Denied

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

Date: _____