



Elk Grove Youth Soccer League

Special Request Form



Player: _____ DOB: _____ Gender: boy girl

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

I request the above child to

- A. Register with another EGYSL club *(specify club)* _____
- B. Be placed on a team coached by *(specify coach)* _____
- C. Be placed on a team with another player *(specify player)* _____
- D. Play up One age group/year *(specify age group)*: U _____ to U _____

Detailed justification for request: _____

_____ I understand this request will be considered based on space available on a team, needs *(initial)* of my home club, and validation of the justification.

_____ I understand this request must be coordinated and approved by all required persons and I *(initial)* will be notified whether this request is approved or denied.

_____ I understand that if approved, this request shall remain in effect for the remainder of the *(initial)* seasonal year.

_____ I understand if my request is approved, is not revocable by me after my child is placed on *(initial)* a team.

Parent/Guardian: *(Signature)* _____ Date: _____

(Printed) _____

Coordination/Approval				
Person	Approve	Deny	Signature	Date
Home Club Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Accepting Club Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Reason for denial:				