



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

53 NORTH PARK AVE. SUITE 103, ROCKVILLE CENTRE, NY 11570
 PHONE: 516-766-0849 - FAX: 516-678-7411 - EMAIL: ENYOFFICE@ENYSOCCER.COM
 WWW.ENYSOCCER.COM

The Game for All Kids!

PLAYER LOAN FORM SEASONAL YEAR _____

IMPORTANT INFO: THOSE TEAMS WISHING TO "BORROW" A PLAYER FOR NO-LEAGUE AND NON-STATE CUP PLAY, MAY DO SO ONLY IF THIS PLAYER LOAN FORM IS COMPLETELY FILLED OUT AND HAS BEEN SIGNED BY BOTH COACHES AND FILED WITH LEAGUE REGISTRAR OF THE LEAGUE IN WHICH THE PLAYER IS REGISTERED, PRIOR TO THE GAME(S) OR TOURNAMENT(S) IN WHICH THE LOANED PLAYER IS TO COMPETE. WHILE ON LOAN TO ANOTHER TEAM, THE PLAYER MAY **NOT** COMPETE WITH THE TEAM FROM WHICH THE PLAYER WAS LOANED: IF AN APPLICATION TO TRAVEL IS TO BE SUBMITTED, THIS FORM MUST ACCOMPANY THE TRAVEL APPLICATION.

PLAYER INFORMATION & APPROVAL

PLAYERS NAME	DOB	PASS NO.
ADDRESS	CITY	STATE ZIP PHONE
APPROVED: _____	PLAYER SIGNATURES	DATE
APPROVED: _____	PARENT OR GUARDIAN SIGNATURE	DATE

TEAMS INFORMATION & APPROVAL

LOANED TO:	LEAGUE	CLUB	TEAM	AGE
GROUP				
REQUESTED BY:	COACH (PRINT)	SIGNATURE		
LOANED FROM:	LEAGUE	CLUB	TEAM	AGE
GROUP				
REQUESTED BY:	COACH (PRINT)	SIGNATURE		

TYPE OF REQUEST (SELECT ONLY ONE)

<input type="checkbox"/> TOURNAMENT	NAME: _____
	LOCATION: _____
	DATES _____ TO _____
<input type="checkbox"/> EXHIBITION GAMES	DATE _____ OPPONENT: _____
	DATE _____ OPPONENT: _____
	DATE _____ OPPONENT: _____

