CENTRAL PENN YOUTH SOCCER LEAGUE

PLAYER CHANGE REQUEST FORM

CLUB: _____ **DATE:** _____

ATTACH ALL COMPLETED PS-1 FORMS.

Fees for player changes will be calculated via the EPYSA system, assessed, and billed at the end of each season.

		Number of Players
Primary Player Fee (EPYSA $11.50; CPYSL $1.50)	**(A)**	_____
Direct to Primary Fee (EPYSA $0.00; CPYSL $1.50)	**(D)**	_____
Out of State Player Fee (EPYSA $0.00; CPYSL $1.50)	**(O)**	_____
Secondary Player Fee (EPYSA $3.00; CPYSL $1.50)	**(S)**	_____
Player Release (EPYSA $1.00; CPYSL $1.50)	**(R)**	_____
Player Transfer (EPYSA $1.00; CPYSL $1.50)	**(T)**	_____
Duplicate Pass (EPYSA $0.00; CPYSL $3.00)	**(DUP)**	_____

EPYSA Team ID# Last 4 Digits	A-Addition D-Direct O-Out of State R-Release T-Transfer S-Secondary DUP-Duplicate	List player names for individual change requests.