

**Salem Youth Soccer Player Movement Request Form**

Players Name:

Players Current Team:

Players Current Division:

Players Date of Birth:

Players Current School Grade:

Reason for request for movement:

Parents Signature:

Date:

Current Coach Signature:

Date:

Comments/Recommendations:

Player Rating:      Below Average      Average      Above Average      Superior  
Request to Move Up:      Yes      No

Current Division Director Signature:

Date:

Comments/Recommendations:

Request to Move Up:      Yes      No

Division Director at Next Higher Level Signature:

Date:

Comments/Recommendations:

Request to Move Up:      Yes      No

**Forms must be completed and postmarked no later than May 1<sup>st</sup> for the Fall season.**

**Forms should be mailed to:**

**SYS-Player Placement Committee, PO Box 8003, Salem, MA 01970**