



5U-19U Buddy Draft Request Form

Player Name: _____ Team Name: _____

Player's Birth date: _____

Parent's Name: _____ Telephone: _____

My Player is a: (circle one) **NEW** player this season **RETURNING** player this season

Sex: (circle one) **M** **F**

Age Group: (circle one) **5U** **6U** **7U** **8U** **9U** **10U** **11U** **12U**

13U **14U** **15U** **16U** **17U** **18U** **19U**

Buddy Draft Rules:

1. Players must qualify for the current 5U- 19U age divisions by their date of birth.
2. **5U age division ONLY- 6 players may buddy together; All other age divisions- players must Buddy 1 to 1.**
3. Players must request each other with this form.
4. At least one of the players must not have been a registered player for CYSA or any North Texas State Soccer Association for the 2 previous seasons.
5. Request is subject to space availability on a team's roster and is not a guaranteed placement.
6. In the event a player cannot be placed on the desired team, the player may elect to not participate in CYSA this season by circling the options below.

Name of 'buddy' you would like to be placed with:

Buddy's Name: _____ Buddy's Team Name: _____

My Buddy is a: (circle one) **NEW** player this season **RETURNING** player this season

If my Buddy Draft request cannot be honored, my player (circle one) **WILL** **WILL NOT** play soccer for the current season.

Parent Signature: _____

Date: _____ Time: _____

CYSA Use Only _____

Approved By: _____ Title: _____

Reason for not granting request approval:

Date: _____