

**TCYFL CONSTITUTION
SCHEDULE A - RESIDENCY
2017 SEASON
REQUEST for PARTICIPATION in NON-RESIDENT ORGANIZATION**

Name of preferred organization: _____

Name of organization in my district: _____

Initial on the line:

I understand that this is an application to play out of district _____

I have been informed that there is a TCYFL member community in my district _____

I understand that this application is subject to approval by the member community in my district and the TCYFL _____

I understand that I will be contacted by the member community in my district _____

Player Name _____ Parent Name _____

Player Home Address _____

Phone Number _____ E-mail _____

Player Age as of September 1st _____ Grade as of September 1st _____

Player Grade School Name _____ District # _____

Player High School Name _____ District # _____

Name of organization that player played at in previous year _____

Explain your reason to play out of district: _____

Parent Signature _____ Date _____

Preferred Organization League Representative _____

Home Organization League Representative _____

TCYFL Representative _____