Capital District Youth Soccer League
Spring Travel Season

Team Appeals Form

Date: _____

Club Name: _____

Age Group: ____ 08U _____10U ____ 12U _____14U ___16U _____ High School

Gender: _____Boys _____Girls

Team Name: _____

Preliminary Team Placement Division: _____

Requesting to be moved to: _____

Reason for request:

Person making request: _____

Contact information:

Cell number: _____

Email: _____

CDYSL Decision: _____Yes _____No Contact Notified: ___Yes

Moved to Division: _____