

BIG SOUTH YOUTH FOOTBALL

PLAYER/FRANCHISE ELIGIBILITY REQUEST

DATE OF REQUEST: _____

REQUESTING FRANCHISE: _____

REQUESTING PLAYER NAME: _____

CURRENT PLAYER AGE DIVISION: ☐ TINY MITES ☐ MIGHTY MITES ☐ JUNIOR VARSITY ☐ VARSITY

REQUEST TYPE:

☐ **TRANSFER** (This is for a player that has played a previous season for a BSYF Franchise Member, and during a subsequent season, such player attends a school in a different BSYF Franchise.)

FORMER FRANCHISE: _____

FORMER PLAYER AGE DIVISION: ☐ TINY MITES ☐ MIGHTY MITES ☐ JUNIOR VARSITY ☐ VARSITY

NEW SCHOOL/NEW RESIDENCE ADDRESS: _____

☐ ATTACH COPY OF PROOF OF NEW SCHOOL ENROLLMENT OR NEW RESIDENCE

☐ **RELEASE** (This is for a player that has played a previous season for a BSYF Franchise Member, and during a subsequent season, such player for any reason other than that allowed for a Transfer set out herein above desires to play for a different BSYF Franchise, OR for a player that has never played in BSYF and is within the boundaries of one BSYF Franchise and desires to play for a different BSYF Franchise.)

RELEASING FRANCHISE: _____

FORMER PLAYER AGE DIVISION (IF APPLICABLE): ☐ T. MITES ☐ M. MITES ☐ J.V. ☐ VARSITY

REASON FOR RELEASE REQUEST: _____

☐ **VARIANCE** (This is for a player that does not attend school within the boundaries of any BSYF Franchise; OR for any player that has played a previous season for a BSYF Franchise Member, and during a subsequent season, such player attends a school in a different BSYF Franchise, but elects to remain playing for the BSYF Franchise that it started playing for.)

VARIANCE GRANTING FRANCHISE (IF APPLICABLE): _____

REASON FOR VARIANCE REQUEST: _____

☐ **GRANT OF REQUEST:**

SIGNATURE OF FRANCHISE DESIGNEE: _____

PRINT NAME: _____ DATE: _____

☐ **DENIAL OF REQUEST:**

SIGNATURE OF FRANCHISE DESIGNEE: _____

PRINT NAME: _____ DATE: _____

REASON FOR DENYING REQUEST: _____

☐ **REQUEST FOR APPEAL, IF NECESSARY**

THE UNDERSIGNED HEREBY MAKES WRITTEN NOTICE OF APPEAL OF THE FOREGOING DENIAL OF THIS REQUEST AND, HEREBY REQUESTS A HEARING PER THE BSYF BYLAWS.

SIGNATURE OF APPEALING PARTY: _____

PRINT NAME OF APPEALING PARTY: _____

DATE: _____