



PROTECTED PLAYER STATUS

(This form must be returned to the registrar 1 week prior to the GYSA draft.)

Player Name _____

Age Group _____

Reason:

1. ____ Coaching (One per team.)

Adult Name: _____

Team Name/Age Group: _____

2. ____ Assistant Coaching (One per team).

Adult Name: _____

Team Name/Age Group: _____

3. Team Sponsorship (One per team).

Fee \$100.00 ____ Check ____ Cash

Received by _____

Team Name _____

Age Group _____

Coach Name _____