



Application for Name Change

This form must be completed and submitted with all required documentation to the FYSA State Office at least 30 days prior to the next scheduled EC/BOD meeting.

Name of Organization (s) _____

Contact Person (s) (Agent of Record) _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Items below must accompany completed form:

1. Letter signed by current Board of Directors of the affiliate.
2. Proof that the DBA, legal name change, and/or registration of a fictitious name has been filed with the State of Florida.

We agree by application to follow all of By-laws, Rules and Regulations of Florida Youth Soccer Association, US Youth Soccer, and the United States Soccer Federation now in affect, as well as all of those that may be enacted in the future.

Signed _____ Date _____

Once this Application has been approved by FYSA's BOD, the name will be changed on the FYSA website and on the FYSA approved registration system.

Approved by FYSA's BOD _____ Date _____

Affiliate Code (assigned by FYSA) _____