

REQUEST FOR RESCHEDULING A GAME

DATE _____

Team Requesting Reschedule: _____
(Name of team)

Division: _____

I _____ hereby request a game be rescheduled
(Head coach)

against the _____ Division _____
(Opposing team name)

Date: _____
(Game to be rescheduled)

Due to the Following reason: _____

LIST NAMES OF PLAYERS UNABLE TO PLAY ON SCHEDULED GAME DAY

NAME: _____ ph# _____

NAME: _____ ph# _____

NAME: _____ ph# _____

NAME: _____ ph# _____

School Function: _____

NOTE: REQUEST MUST BE MADE TO GAME SCHEDULER IN WRITING AT LEAST 24 HOURS BEFORE THE SCHEDULED GAME.

THE OPPOSING COACH HAS TO BE NOTIFIED BY YOU, AND AGREES TO THE CHANGE

DATE: _____
(Opposing coach signature)

DATE: _____
(Requesting coach signature)