

Reschedule Request

EMAIL COMPLETED FORMS TO YOUR AGE GROUP COMMISSIONER!!!!

AGREEMENTS

You must agree to the following statements. Please read each one carefully as they are here for very good reason.

- No request is guaranteed! Even if the request falls into one of the approved reasons for reschedules, we still may not be able to accommodate your request.
- All teams must understand that the season must be played in a specified time frame and that the availability of fields, lights and referees are all factors that play into the schedule along with their opponent's schedule.
- If you have the required minimum number of players, your game will not be rescheduled (U9/U10 - 5 players, U11/U12 - 6 players, U13 and up - 7 players).
- A request for a reschedule must be made with a minimum of a 72 hour notice to the Age Group Commissioner prior to the scheduled game day.
- All requests are tracked, teams that consistently want to reschedule games may have all future requests denied in advance.

I am requesting a reschedule for the following reason:

- This team is going to a SANCTIONED tournament. Each team is allowed to request a weekend off for 1 tournament per season. You must list the name of the tournament and your confirmation code below.**

Tournament: _____

Confirmation Code: _____

- A school event that will drop the team below the required playing strength.**

School Event: _____

- I am coaching more than one recreational team playing NCSA (does not include other recreational, Academy or Select teams playing in other leagues). This conflict causes one of the teams to be without a coach.**

Name Other Team: _____

- Other.**

Explain: _____

COACH INFORMATION - Please complete ALL blanks

Please give us your contact information so the Age Group Commissioner and Referee / Field Assignors can contact you if needed.

Last Name: _____ First Name: _____

E-mail Address: _____

Phone Number: _____

Do you have an assistant coach listed on the roster? YES NO

GAME INFORMATION - Please complete ALL blanks

The information about your scheduled game can be found on the current schedule. Please have that information pulled up to answer the following questions. (THIS IS THE GAME YOU WOULD LIKE RESCHEDULED).

Team Name: _____

Age Group: _____

Division: _____

Team Gender: Boys Girls Coed

Game Number: _____

Date Scheduled: ____ / ____ / ____
MM DD YY

Time Scheduled: ____ : ____ AM/PM

Home Association: _____

Home Team: _____

Away Association: _____

Away Team: _____

Field#: _____

REQUEST INFORMATION - Please complete ALL blanks

This information is used to help determine when your game can be rescheduled. Coaches need to review the schedule for the other team before putting in suggested dates here. **DO NOT CONTACT THE OTHER COACH TO ARRANGE FOR A RESCHEDULE.** Age Group Commissioners will contact the opposing coach for you if the request is approved.

Reschedule Date #1: / /
 MM DD YY

Reschedule Date #2: / /
 MM DD YY

Reschedule Date #3: / /
 MM DD YY

When would you like to have this game rescheduled?

- Morning Afternoon

Please tell us more about your request:
