

League Game Reschedule Request Form

(Required after schedules have been finalized and posted)

Date: _____

Coach requesting change: _____

Team name: _____ Division (ex. U5): _____ Circle: Boys / Girls

GAME CURRENTLY SCHEDULED FOR:

Date: _____ Time: _____

Field #: _____ Game #: _____

Opposing Team: _____

OFFICE USE ONLY

Received in office: _____ by _____

Payment received: _____ by _____

Age Group Director Approval: _____

Rescheduled to - Date: _____ Time: _____ Field #: _____

Referee Assigner Informed: _____



<https://tinyurl.com/GSARescheduleFee>

PROCEDURE TO FOLLOW:

1. Contact the opposing team's coach to request approval.
Note: If the opposing coach does not agree, the game will NOT be rescheduled.
2. Contact your Age Group Director for approval and provide the reason for the request. Be sure to confirm that the opposing coach has approved the change.
3. Form must be submitted a minimum of one week prior to the originally scheduled game.
Note: Requests CANNOT include specific requirements for rescheduled game times or dates.
4. Email the completed form to **office@garland-soccer.net** and include a screenshot of payment with your submission.
5. Once the game has been rescheduled, a confirmation email will be sent, and the Age Group Director will notify both coaches.