



**WSYSA District II**  
 704 228th Avenue NE, # 276  
 Sammamish, WA 98074  
[www.wsysad2.org](http://www.wsysad2.org)

**Game Reschedule Request Form**

**\*\*\*Disclaimer: Incomplete, late, unsigned or forms without email addresses will NOT be processed\*\*\***

**INSTRUCTIONS:**

- Team requesting change completes all requested information in each section within time deadline
- Both teams must sign the form at the bottom – make sure to include email addresses. If both parties do not agree, the match will not be rescheduled.
- Hand deliver, mail or fax your request to the Home Association/Club Scheduler
- All requests must be received by the Home Association/Club Scheduler eight (8) business days (Monday-Friday [weekends and holidays not included]) prior to the original game date or eight (8) business days prior to the rescheduled game date, **whichever is earlier** and must be approved by said Home Association/Club Scheduler. The reschedule must be **completed** no less than 7 days prior to the new match date.

**(1) REQUESTING TEAM INFORMATION:**

My Registered Team Name is \_\_\_\_\_ (see league schedule)

My 9 Digit Team ID # is \_\_\_\_\_ (see league schedule)

Team Gender Boys \_\_\_\_\_ Girls \_\_\_\_\_ Age Group U- \_\_\_\_\_ Division R- \_\_\_\_\_ CYL \_\_\_\_\_ PDL \_\_\_\_\_

Reason: \_\_\_\_\_

**(2) OPPONENT TEAM INFORMATION:**

Registered Team Name is \_\_\_\_\_ (see league schedule)

Their 9 Digit Team ID # is \_\_\_\_\_ (see league schedule)

**(3) ORIGINAL GAME // RESCHEDULE INFORMATION:**

Original

D2 Match #: \_\_\_\_\_ Original Game Date/Time: \_\_\_\_\_ Game Rescheduled to: \_\_\_\_\_  
 (see league schedule) (Date & Time)

**(4) REQUIRED TEAM SIGNATURES AND EMAIL ADDRESSES:**

Originator of this request must indicate if Coach or Team Manager and then sign and fill in email address. Originator must then be in contact with the opposing team personnel for their signature and email address if they approve of this reschedule.

I am the Coach \_\_\_\_\_ Team Manager \_\_\_\_\_ of the original **Home Team** and I agree to this reschedule.

\_\_\_\_\_  
 Sign Email Address

I am the Coach \_\_\_\_\_ Team Manager \_\_\_\_\_ of the original **Away Team** and I agree to this reschedule.

\_\_\_\_\_  
 Sign Email Address

**(5) ASSOCIATION APPROVAL:**

\_\_\_\_\_  
 Association By \_\_\_\_\_ Date

Notification Made to: Home Team \_\_\_\_\_ Away Team \_\_\_\_\_ District II Alt Comm \_\_\_\_\_  
 Date Date Date