

# North County Youth Soccer Association Game Schedule Change Request 2006

**Instructions:**

Head coaches and/or team managers from each team must sign and date the change request.

Home Team Club must approve game reschedule request, confirming field and referee availability.

Deadline for submission: 72 hours prior to original game date or proposed game date, whichever is *earlier*.

Submit application to NCYSA, P.O. Box 2844, Everett, WA 98213

Gender	Age	Division	Home Team	Away Team	Game Number	Original Game Date

Team Requesting Reschedule: ( ) Home Team ( ) Away Team ( ) Both

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

**New Game Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

We the undersigned request a schedule change for the above game. Once approved, the home team will be responsible for field and referee coordination. We understand that no further schedule changes for this game will be accepted, and the game will be played on the date requested.

**Home Team Approval:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Coach or Manager) *Please Print*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Away Team Approval:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Coach or Manager) *Please Print*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Home Club Approval:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
*Please Print*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NCYSA Approval:** Signature \_\_\_\_\_ Date \_\_\_\_\_

Leslie Poirier, VP of Competition