

## WMYSA Game Reschedule Report

Division \_\_\_\_\_

Game # \_\_\_\_\_

Original Game Date \_\_\_\_\_

Original Time \_\_\_\_\_

Original Game Location \_\_\_\_\_

Team Requesting the Change \_\_\_\_\_

Opponent \_\_\_\_\_

Reason for the change \_\_\_\_\_

\_\_\_\_\_

New Game Date \_\_\_\_\_

New Game Time \_\_\_\_\_

New Game Location \_\_\_\_\_

Names or codes of referee(s) contacted and cancelled:

\_\_\_\_\_

Names or codes of referee(s) scheduled for new time and date:

\_\_\_\_\_

The names or codes of referees in the SW Michigan or Michiana areas are not required.

Name of coach requesting change \_\_\_\_\_

Signature of coach requesting change \_\_\_\_\_

Mail with a \$25 fee payable to WMYSA to

Brian Kastman  
WMYSA Administrator  
1523 Edgeridge Circle  
Kalamazoo, MI 49008