



West Michigan Youth Soccer Association Game Reschedule Request Fall 2018

Date _____ Division _____ Game # _____

Home Team Contact: _____ Team Name _____

Away Team Contact: _____ Team Name _____

Current Game Schedule

Date _____ Time _____ Location/Field _____

Team Requesting Change _____

Reason for the change _____

Request Change to:

Date _____ Time _____ Location _____

Signature of coach requesting change _____

Signature of opposing coach _____

Signature by Club Administration of Requesting Team _____

‡Fee for Rescheduled games based on Submission Date

Level 1: Before August 1 st	\$15
Level 2: August 1 st – August 5 th	\$25
Level 3: August 6 th – November 1 st	\$75
Level 4: Less than 48 hours notice	\$100 + any Fines
Level 5: Inclement Weather	\$7.50 each

Submit completed form:
Dana.Pope@wmysa.org

Fees will be invoiced to Requesting Team's club. All payments should be made to them.

‡Date completed form received by WMYSA

*Time refers to the original schedule date or the requested date on the form, whichever is closer to the submission of the request form. **All fees calculated on the date completed form is received by WMYSA Scheduler.**