



West Michigan Youth Soccer Association Spring 2019 Game Reschedule Request

†Submission 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:

Jan 25 th – February 9 th	\$15
February 10 th – February 28 th	\$25
March 1 st – June 10 th	\$75
*Less than 48 hours prior assessed	\$25

Form should be emailed to scheduler:
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 based on the date completed form is received by WMYSA Scheduler