

**SPRING 2018 GAME/TIME CHANGE REQUEST FORM  
DEADLINE FOR REQUESTS: JANUARY 16TH**

**ALL REQUESTS MUST HAVE  
SUPPORTING DOCUMENTATION  
OR REQUEST WILL NOT BE  
HONORED**

**DIRECTIONS:**

- **THE CLUB REGISTRAR MUST SIGN THE FORM! UNSIGNED FORMS WILL NOT BE HONORED!**
- **ALL REQUIRED INFORMATION MUST BE PROVIDED.** List the name and pass numbers of all affected players in section below. Use the back of the form if necessary. **If required information is not provided your form will not be accepted. Its your responsibility!**
- **Only one change request per team, per season, will be permitted.**
- Game/time change requests will only be honored for valid reasons as per established by Games Committee guidelines.
- **Game change requests for participation in College Tournaments for U16-U20 teams will be considered with supporting documentation.**

Team / Club Information **IF YOU DO NOT FILL OUT THE ENTIRE FORM YOUR REQUEST WILL BE DENIED**

Club Name: _____		Club Number: _____	
Team Name: _____		Team Number: _____	
Age Group: _____	Boys: _____	Girls: _____	<b>For Games Committee Use Only!</b> Division: _____ Matrix#: _____
Coaches Signature: _____		Club Registrar's Signature: _____	
Coaches Name: _____		Club Registrar's Name: _____	

**CHECK ONLY ONE!**

<input type="checkbox"/>	<b>Full Season Game Time Request (all games during season play before/after a certain time)</b> <i>Note: All games will be scheduled by field schedulers Before/After time indicated on regular day only</i>	
Time requests are not guaranteed. Clubs may not have fields at your requested time.		Circle one: <i>Play Game Before / Play Game After</i> _____
<input type="checkbox"/>	<b>Single Game Date Change Request (where you can't play on a certain scheduled day)</b> <i>Note: Game might be scheduled for you by the Games Committee on an off day</i>	
Date: _____		
<input type="checkbox"/>	<b>Single Date Time Change Request (where you can't play at a certain time on a scheduled day)</b> <i>Note: You will be given a home game on this date – It is your Registrar's responsibility to schedule the game correctly.</i>	
Date: _____ Time: _____		

**REQUIRED INFORMATION!**

Name	Players Affected (minimum of 4)		Pass #
	Pass #	Name	
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____
Reason for Request: _____			
_____			

**GAMES COMMITTEE ACTION**

Approved: _____	Rejected: _____	<b>DID YOU INCLUDE YOUR SUPPORTING DOCUMENTATION?</b>
Documents Not Provided: _____ Comments: _____		