

# FALL 2019 GAME/TIME CHANGE REQUEST FORM

**DEADLINE FOR REQUESTS: JULY 15TH**

**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-U19 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: \_\_\_\_\_ **Division Last Season:** \_\_\_\_\_

Coaches Signature: \_\_\_\_\_ Club Registrar's Signature: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Club Registrar's Name: \_\_\_\_\_

***CHECK ONLY ONE!***

**Full Season Game Time Request (all games during season play before/after a certain time)**  
*Note: All games will be scheduled by field schedulers Not Before or Not After time indicated on regular day only*

**Time requests are not guaranteed.  
Clubs may not have fields at your requested time.**

*Play Game Not Before* \_\_\_\_\_ *Play Game Not After* \_\_\_\_\_  
 Choose either play before or play after  
**NOT BOTH** or between the hours of

**Single Game Date Change Request (where you can't play on a certain scheduled day)**  
*Note: Game might be scheduled for you by the Games Committee on an off day*  
**Date:** \_\_\_\_\_

**Single Date Time Change Request (where you can't play at a certain time on a scheduled day)**  
*Note: You will be given a home game on this date – It is your Registrar's responsibility to schedule the game correctly.*  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

***REQUIRED INFORMATION!***

Name	Players Affected (minimum of 4)		Pass #
	Pass #	Name	
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

**IF YOU DO NOT FILL THESE IN YOUR REQUEST WILL BE DENIED**

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_

**GAMES COMMITTEE ACTION**

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Documents Not Provided: \_\_\_\_\_ Comments: \_\_\_\_\_

**DID YOU INCLUDE YOUR SUPPORTING DOCUMENTATION?**