

FALL 2022 GAME/TIME CHANGE REQUEST FORM

DEADLINE FOR REQUESTS: JULY 18

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?