

GAME/TIME CHANGE REQUEST FORM

DEADLINE FOR REQUESTS: JANUARY 16, 2025

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 of all affected players in section below. Use the back of the form if necessary or attach required documentation. **If required information is not provided your form will not be accepted.**
- **Only one change request per team, per season, will be permitted.**
- Game/Time Change Requests will only be honored for valid reasons as per Games Committee Guidelines.
- Game change requests for participation in College Tournaments for U16-U19 teams will be considered with supporting documentation.

TEAM/CLUB INFORMATION

Club Name: _____	Club Number: _____
Team Name: _____	Team Number: _____
Age Group: _____	Boys: _____ Girls: _____ Division Last Season: _____
Coach's Signature: _____	Coach's Name: _____
Registrar's Signature: _____	Registrar's Name: _____

☐	Full Season Game Time Request (all games during season to play before/after a certain time) <i>Note: All games will be scheduled by field schedulers before/after time indicated on regular game day only</i>
Play Game Before: _____ Play Game After: _____ CHOOSE ONLY ONE	
☐	Single Game Date Change Request (where you can't play on a certain scheduled day) <i>Note: Game maybe scheduled for you by the Games Committee on an off day</i>
Date: _____	
☐	Single Date Time Change Request (where you can't play a certain time on a scheduled day) <i>Note: You will be given a home game on this date – It is your field scheduler's responsibility to schedule the game correctly.</i>
Date: _____ Time: _____	

Required Information – PLAYERS AFFECTED – Minimum of 4

Name: _____	Name: _____
Name: _____	Name: _____

REASON FOR REQUEST: _____

GAMES COMMITTEE ACTION

Approved: _____ Rejected: _____

Documents Not Provided: _____

Comments: _____