



Youth Rescheduling Request Form

ORIGINAL GAME INFORMATION:

Date: _____ Time: _____ Indoor/Outdoor

Home Team: _____ Visiting Team: _____

Field: _____ League: _____ Division: _____

Requesting Teams Information:

Requesting Team: _____

Requestors Name: _____

Team Contacts Email: _____

Reason for Request: _____

Number of Players that will be missing: _____

Rescheduling is not guaranteed. FCR will assign times and dates based upon field and referee availability. These times and dates are non-negotiable, no exceptions. If the form is submitted less than 2 weeks prior to the date of the game being requested to reschedule there will be a \$50.00 rescheduling fee.

Office Use:

Date Request was received in the FCR office: _____

Received by: _____

Rescheduling Fee applied: Yes/No (if less than 2 weeks' notice it is required)

Request Granted: Yes/No

New Date, Time, and Field for Rescheduled Game: _____