Mailing Address PO Box 27088

Regina, SK, S4R 8R8 Phone: (306) 352-8040

WWW.FCREGINA.COM

Physical Location 1700 Elphinstone Street (REAL District)

Regina, SK. S4T 2A0 Phone: (306) 352-8040

Youth Rescheduling Request Form

ORIGINAL GAME INFORMATION	
Date:	Time:
Field:	Indoor: Outdoor
League:	Division:
REQUESTING TEAMS INFOR	RMATION
Requesting Team:	
Requestors Name:	
Team Contacts Email:	
Opposing Team Name:	
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. Rescheduling requests are limited to 2 requests per team/per season.	
Office Use Only	
Date request received in FCR office	
Received by:	
Request Granted:	YES NO
New Date, Time, and Field for Rescheduled Game:	