



RESCHEDULE REQUEST

ORIGINAL GAME INFORMATION

DATE: _____ TIME: _____ SEASON: Indoor / Outdoor

LOCATION: _____ DIVISION: _____

HOME TEAM: _____

VISITOR TEAM: _____

For more rescheduling information please refer to the Rules and Regulations, section XVII.

RESCHEDULING INFORMATION

TEAM REQUESTING RESCHEDULING: _____

REASON FOR REQUEST: _____

SUBMITTED BY: _____ DATE: _____

SAS will assign **Times and Dates** based upon Facility/Field availability.

The rescheduled game date/time is completely at our discretion.

This is NON- NEGOTIABLE.

*** Teams are only allowed one reschedule request per season.**

*** Reschedule Request Fee:**

- \$30.00 for requests submitted 10 or more business days prior to game;
- \$55 for request submitted 7 to 9 business days prior to game.

*** We will not accept reschedule requests with less than 7 days to the game.**

*** The fee must accompany the Request form or it will not be considered.**

*** Form and fees must be sent to info@saskatoonadultsoccer.com**

FOR SAS OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

RESCHEDULE REQUEST: GRANTED DENIED REASONING: _____

NEW GAME DETAILS: _____