

Saskatoon Youth Soccer Inc. RESCHEDULING FORM FEE \$30.00

Please refer to SYSI League Rules and Regulations for more information.

PLEASE PRINT EVERYTHING EXCEPT SIGNATURES

ORIGINAL GAME INFORMATION	<u>:</u>			
DATE: TIME:		SEASON: (Please Circle) Indoor / Outdoor		
LOCATION:				
AGE GROUP: SEX: (Please Circle) M / F		DIVISION: (Ple	ease Circle) P / II / III / IV	
HOME TEAM:				
Name of person you want contact	:ted:	Hm Ph:	Wk Ph:	
Address:		Email:		
VISITOR TEAM:				
Name of person you want contac	:ted:	Hm Ph:	Wk Ph:	
Address:		Email:	·	
RESCHEDULING INFORMATION:				
TEAM REQUESTING RESCHEDULI	NG:			
COACHES NAME:				
REASON FOR REQUEST:				
AGREEMENT BY TEAMS:				
SIGNATURE OF HOME TEAM COA	ACH:			
SIGNATURE OF VISITOR TEAM CO)ACH:			
rescheduling of games. No exception guarantees* <u>Dates Teams Are Unavailable:</u>	nes and Dates based upon Facility/F ns will be tolerated with respect to r	ield Availability and surescheduled games. W	ich dates are considered binding with respect to ewill try to use the date requested, but there	
rease iist the dates the team(s)		OFFICE USE ONLY)		
DATE RECEIVED:		#:		
DATE INFORMATION SENT OU	JT ON:		BY: PHONE/MAIL/EMAIL	
CONFIRMATION FROM TEAM	<u> S:</u>			
HOME TEAM:	BY: FAX / PH	ONE / EMAIL	DATE:	
VISITOR TEAM:	BY: FAX / PHO	ONE /EMAIL [OATE:	
RESCHEDULED GAME INFORM	<u>//ATION</u>			
NEW DATE:		TIME:		
LOCATION:	HOME TEAM:	VISITII	NG TEAM:	