

SYSI RESCHEDULING FORM

FEE \$30.00

PLEASE PRINT EVERYTHING EXCEPT SIGNATURES

Please refer to Rules and Regulations concerning rescheduling (Section XXI) for more information

ORIGINAL GAME INFORMATION:

DATE: _____ TIME: _____ SEASON: Please Circle Indoor / Outdoor

LOCATION: _____

AGE GROUP: _____ SEX: Please Circle M/F DIVISION: Please Circle Prem/ I / II / III

HOME TEAM: _____
Name of person you want contacted: _____ Hm Ph: _____ Wk Ph: _____
Address: _____ Email: _____

VISITOR TEAM: _____
Name of person you want contacted: _____ Hm Ph: _____ Wk Ph: _____
Address: _____ Email: _____

RESCHEDULING INFORMATION

TEAM REQUESTING RESCHEDULING: _____

COACHES NAME: _____

REASON FOR REQUEST: _____

AGREEMENT BY TEAMS:

SIGNATURE OF HOME TEAM COACH: _____

SIGNATURE OF VISITOR TEAM COACH: _____

DATE TEAMS AGREED TO RESCHEDULE GAME ON (Outdoor Only): _____

*Please note that SYSI will assign Times and Dates based upon Facility /Field Availability and such dates are considered binding with respect to the rescheduling of games. **No exceptions** will be tolerated with respect to rescheduled games *

(FOR SYSI OFFICE USE ONLY)

DATE RECEIVED: _____ RECEIPT #: _____

DATE INFORMATION MAILED OUT ON: _____

NOTICE OF RESCHEDULE:

HOME TEAM: _____ BY: FAX / PHONE / VERBALLY DATE: _____

VISITOR TEAM: _____ BY: FAX / PHONE / VERBALLY DATE: _____

RESCHEDULED GAME INFORMATION

NEW DATE: _____ TIME: _____

LOCATION: _____

AGE GROUP: _____ DIVISION: _____

HOME TEAM: _____

VISITOR TEAM: _____