

RESCHEDULING FORM

All Other Requests - U10- U19 (All Tiers)

Please note that player/team official availability or player injury are not valid reason(s) to reschedule, and these requests will not be granted.

The team requesting to reschedule will be charged a \$50 rescheduling fee.

INSTRUCTIONS

The team requesting the reschedule <u>MUST</u> email <u>rhugh@calgaryminorsoccer.com</u> to request to reschedule and the reason. If this request is granted, then follow the requirements below:

REQUIREMENTS

- The team requesting the reschedule <u>must contact</u> the opposing team to arrange a date, time and location that they agree to
- The team requesting <u>must</u> complete the rescheduling form below with the original game information and the new game information and state that the reasoning for the reschedule (ie. Tournament and tournament name)

DEADLINE

The game rescheduling form <u>must</u> be received by CMSA no later than **fourteen (14)** days prior to either the originally scheduled game or the new game (which ever comes first), so that CMSA can make every effort possible to reschedule the game in a timely manner and ensure that a referee can be assigned accordingly.

SUBMISSION

Please forward the completed rescheduling form to rhugh@calgaryminorsoccer.com

The game will be updated on the CMSA website and forwarded to the referee scheduler once the completed form has been received, and only if the initial request has been approved.



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	Team Requesting:
REASON FOR RESCHEDULING	
Tournament (please include name and dates) _	
Other (please explain)	
ORIGINAL GAME: Game #	
Boys Girls	Age group: Tier:
Home team:	Away Team:
Game date:	Game Time:
Field:	
RESCHEDULED GAME	
Boys Girls	Age group: Tier:
Home team:	Away Team:
Game date:	Game Time:
Field:	
FOR CMSA OFFICE USE	
Date received:	Received by:
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Initial Request Approved Received Resch	neduling Fee Updated on website Facility Notified
Forwarded to referee scheduler Opposi	ing Team Using Original Field Master Schedule updated