

WYSA Reschedule Request

Step 1 (Completed by manager/coach):

Name of team: _____ Division: _____

Age Group: _____ Boys ___ or Girls ___

Game Date: _____ Game Time: _____

Field Location: _____

Reason for reschedule:

Step 2 (Completed by WYSA League Admin):

Approved: Yes or No

Signature: _____

Step 3: (Completed by manager/coach):

New Date: _____

New Time: _____

Field Location: _____

-When new date, time, location is confirmed please email the complete form back to the WYSA league administration so the league schedule and referee assignor can be notified.

Step 4: (To be completed by WYSA League Admin):

Arbiter Game # _____ Division: _____ Team Name: _____

Age _____ Gender _____ New Game Time: _____

Old Game Date: _____ New Game Date: _____ Field: _____