



Game Re-Scheduling Request
Mail or deliver to:
 Oregon Youth Soccer Association
 4840 SW Western Ave #800
 Beaverton, OR 97005

Occasionally, something arises which necessitates a coach wanting to change a scheduled game. **If the opposing team's coach does not agree to reschedule the game, the original schedule will stand as is.** This form must be received at least 10 days prior to the original game so the necessary adjustments in the referee and game schedules can be made. OYSA reserves the right to rescind approval of rescheduled games that may be submitted and approved within 10 days of the original game in order to accommodate league rescheduling needs resulting from adverse weather conditions or other unanticipated circumstances.

COACHES' AGREEMENT TO RESCHEDULE PLAY

1. This form is to be completed, including all new game schedule information, and must be signed by the coach of the team requesting the change. **"TBD"s will not be accepted!**
2. Obtain the approval and signature of the opposing team's coach.
3. Incomplete, illegible and/or unsigned forms will not be accepted.
4. Submit the completed form to the OYSA office with fee, (payable to OYSA).
 - ◆ **\$20** for completed requests received **ten (10) days or MORE** in advance of the original and new game schedule. **\$50** for completed requests received **3 – 9 days** in advance of the original and new game schedule. **No reschedule requests will be processed one business day prior to a scheduled game.** Forfeits and fines will apply as per rules.

PLEASE PRINT LEGIBLY

Age/Sex/Division _____ Today's Date _____

Coach requesting Change _____ Day Phone _____

Club and Team Name _____

Coach Agreeing to Change _____ Day Phone _____

Club and Team Name _____

Reason for Reschedule _____

Original Game Schedule Information

Date _____ Game # _____ Time _____ Field _____

New Game Schedule Information - required

Date _____ Game # _____ Time _____ Field _____

Signature of Coach Requesting Change: _____

Signature of Opposing Coach: _____

****** NO faxes. Payment MUST accompany this form for change to be approved. ******

revised 9/2009

For internal use only: ___ Approved ___ Not approved _____ Date _____ Initials