## **Royse City Soccer Association Game Reschedule Request Form**

(Mandatory after schedules are finalized and posted)

Date				
Coach Requesting (	Change:			
Team Name			Age Group	Boys/Girls
Phone #				
Game information:				
Match #:	Date	Time	Field	
Opposing Team Na	me:			
Coach:				
OFFICE USE ONLY				
Received: Fee paid: Schedule change m Copy to Age Group	ade:		ıler:	
Procedure To Follow	v:			
	hy you are requ	esting a reschedule	proval to begin the reso . Note: Reschedule re will be played.	
2. Contact the oppos	sing team coach	to ask for his/her ar	poroval to reschedule th	e game, Note: If

2. Contact the opposing team coach to ask for his/her approval to reschedule the game. Note: If the opposing team coach does not agree to a reschedule, the game will not be rescheduled, and no fees will be due.

3. Contact the Age Group commissioner to let him/her know that the opposing team coach has agreed to a reschedule.

4. Fill out this form completely and submit it, along with the \$50 rescheduling request fee, to the RCSA scheduler at least two weeks before the currently scheduled date. Payment may be made by cash, check or money order.

5. Once the game scheduler has rescheduled the game, the Age Group commissioner will inform both coaches of the new game time and date.