

**KLEIN SOCCER CLUB**  
**GAME RESCHEDULE REQUEST FORM**  
281-320-2211

**COACH REQUESTING RESCHEDULE**

REQUESTING COACH'S NAME \_\_\_\_\_

TEAM NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**OPPOSING COACH**

OPPOSING COACH'S NAME \_\_\_\_\_

TEAM NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**ORIGINAL DATE, TIME, AND FIELD OF THE GAME TO BE RESCHEDULED**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ FIELD # \_\_\_\_\_

REASON FOR RESCHEDULE REQUEST (MUST FOLLOW THE KSC GAME SCHEDULE REGULATIONS LOCATED IN THE TYSA POLICY AND PROCEDURES RED BOOK)

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I HAVE READ THE KSC GAME RESCHEDULE REGULATIONS LOCATED IN THE COACH'S BOOK ON POLICIES AND PROCEDURES. I CERTIFY THAT MY TEAM WILL NOT HAVE A SUFFICIENT NUMBER OF PLAYERS AVAILABLE TO FIELD A TEAM FOR THE GAME THAT I HAVE REQUESTED TO RESCHEDULE.

I HAVE NOTIFIED THE OPPOSING COACH 10 DAYS IN ADVANCE OF THE REQUESTED RESCHEDULE AND MADE ARRANGEMENTS TO RESCHEDULE THE GAME AT HIS/HER CONVENIENCE. I UNDERSTAND THAT IN THE EVENT THE GAME IS NOT PLAYED BEFORE THE END OF THE SEASON, THE SCORE WILL BE RECORDED AS A FORFEIT FOR THE TEAM REQUESTING THE RESCHEDULE.

REQUESTING COACH'S NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OPPOSING COACH'S NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_