



Klein Soccer Club

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www.kleinsoccerclub.org

REQUEST FOR SCORESHEET CORRECTION

DATE GAME PLAYED: _____ TEAM # : _____

FIELD NUMBER: _____

OPPONENT'S TEAM #: _____

REASON FOR CORRECTION: _____

COACH'S NAME: _____
(PLEASE PRINT)

COACH'S SIGNATURE: _____

- A REQUEST FOR CORRECTION CAN ONLY BE MADE BY THE COACH OF THE TEAM
- E-MAIL OR FAX THIS COMPLETED FORM TO THE SCOREKEEPER AT KLEIN SOCCER CLUB. THEY WILL NOTIFY YOU WHEN THE REQUEST HAS BEEN REVIEWED.