



RESCHEDULING FORM

All other Requests U10 - U19

(All Tiers)

Please note that player/team official availability or player injury are not valid reason(s) to reschedule, and these requests will not be granted.

The team requesting to reschedule will be charged a \$30 rescheduling fee and will be required to cover the cost of the field (talk to club administrator).

INSTRUCTIONS

The team requesting the reschedule **MUST** email rhugh@calgaryminorsoccer.com to request to reschedule and the reason.

If this request is granted, then follow the requirements below:

REQUIREMENTS

- The team requesting the reschedule must contact the opposing team to arrange a date, time, and location that they agree to
- Talk to your club administrator to assist you in finding an appropriate field.
- The team requesting must complete the rescheduling form below with the original game information and the new game information and state that the reasoning for the reschedule (ie. Tournament and tournament name)

DEADLINE

The game rescheduling form must be received by CMSA no later than fourteen (14) days prior to either the originally scheduled game or the new game (which ever comes first), so that CMSA can make every effort possible to reschedule the game in a timely manner and ensure that a referee can be assigned accordingly.

SUBMISSION

Please forward the completed rescheduling form to rhugh@calgaryminorsoccer.com

The game will be updated on the CMSA website and forwarded to the referee scheduler once the completed form has been received, and only if the initial request has been approved.



RESCHEDULING FORM

All other Requests U10 - U19

(All Tiers)

Team Requesting: _____

REASON FOR RESCHEDULING

Tournament (please include name and dates) _____

Other (please explain) _____

ORIGINAL GAME (GAME NUMBER _____)

Boys Girls Age group: _____ Tier: _____

Home team: _____ Away Team: _____

Game date: _____ Game Time: _____

Field: _____

RESCHEDULED GAME (GAME NUMBER _____)

Boys Girls Age group: _____ Tier: _____

Home team: _____ Away Team: _____

Game date: _____ Game Time: _____

Field: _____

For CMSA Office Use

Date received: _____ Received By: _____

Approved Updated on website Forwarded to referee schedule Master Schedule Updated