

SPRING 2006 GAME/TIME CHANGE REQUEST FORM

DEADLINE FOR REQUESTS: JANUARY 14, 2006

DIRECTIONS:

- **THE CLUB REGISTRAR MUST SIGN THE FORM! UNSIGNED FORMS WILL NOT BE HONORED!**
- All requested information must be provided. List the name and pass numbers of all affected players in section below.
- Use the back of the form if necessary or attach any supporting documents to the form.
- **Only one change request per team, per season, will be permitted.**
- Game/time change requests will only be honored for valid reasons as per established Games Committee guidelines.

Team / Club Information

Club Name: _____		Club Number: _____	
Team Name: _____		Team Number: _____	
Age Group: _____	Boys: _____	Girls: _____	For Games Committee Use Only!
		Division: _____ Matrix#: _____	
Coaches Signature: _____		Club Registrar's Signature: _____	
Coaches Name: _____		Club Registrar's Name: _____	

CHECK ONLY ONE!

<input type="checkbox"/>	<p>Full Season Game Time Request (all games during season before/after a certain time) <i>Note: All games will be scheduled by field schedulers Before/After time indicated on regular day only</i></p> <p style="text-align: center;"><i>Circle one: Before / After</i> Time: _____</p>
<input type="checkbox"/>	<p>Single Game Date Change Request (where you can't play on a certain scheduled day) <i>Note: Game will be scheduled for you by the Games Committee on an off day</i></p> <p style="text-align: center;">Date: _____</p>
<input type="checkbox"/>	<p>Single Date Time Change Request (where you can't play at a certain time on a scheduled day) <i>Note: You will be given a home game on this date – It is your Registrar's responsibility to schedule the game correctly.</i></p> <p style="text-align: center;">Date: _____ Time: _____</p>

REQUIRED INFORMATION!

Name	Players Affected (minimum of 4)		Pass #
	Pass #	Name	
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____
Reason for Request: _____			

GAMES COMMITTEE ACTION

Approved: _____	Rejected: _____	Signature: _____
Comments: _____		