

NWOYSL GAME RESCHEDULE FORM

This form must be used for game reschedule requests. Proper procedures must be followed.

1. The team's coach or manager must complete the form below.
2. The team requesting the reschedule must contact the opposing team's coach or manager for consent to reschedule a game. Mutually agreed upon dates and times must be completed on the form below.
3. **Teams must request and obtain approval for a reschedule no later than seven (7) days prior to the originally scheduled match.**
4. The rescheduled game must be completed before the end of the current season.
5. Reschedules will only be permitted for the following reasons:

Non Paid Reschedules:

- a. NWOYSL Office error.
- b. Team is accepted into the State Cup Tournament and those games conflict with a scheduled NWOYSL game.
- c. Death or tragic incident involving the team coach, manager or player.

Paid Reschedules: **PROOF is REQUIRED FOR BOTH REASONS.**

- a. Team registers and is accepted to a tournament after the Mandatory Scheduling Meeting occurred.
- b. Mandatory school events not known before Mandatory Scheduling Meeting occurred.

6. Any paid rescheduled game not played due to inclement weather is nonrefundable.

7. Please send this completed form, along with a \$50 check made payable to "NWOYSL", to:

NWOYSL, 135 Chesterfield, Ste 104, Maumee, OH 43537

8. Upon reschedule approval, the NWOYSL office will email a "Reschedule Notification" to each team, home team club contact and appropriate referee assignor.

The NWOYSL VP Juniors or the VP Youth has the authority to grant or deny any reschedule request.

****NOTE: If teams reschedule their own game without following proper procedures, both teams will be subject to fines and possible forfeiture of the game. ****

Game Number: _____ Original Game Date: _____ Time: _____

Game Location: _____ Gender: _____ Age Group: _____ Division: _____

Team Requesting a Reschedule: _____

Coaches Name: _____ Daytime Phone Number: _____

Email Address: _____ Cell Phone Number: _____

Opponent's Team Name: _____

Opponent's Coach Name: _____ Daytime Phone Number: _____

Email Address: _____ Cell Phone Number: _____

Reason for Reschedule (Please refer to permissible reasons as stated above.): _____

Please list two (2) mutually agreed upon dates and times. (NWOYSL will review field availability before granting any reschedules.)

First Option:

Date: _____ Location: _____ Time: _____

Second Option:

Date: _____ Location: _____ Time: _____

Form Completed By: _____ Date: _____

NWOYSL Approved Date/Location/Time: _____

REQUEST APPROVED BY: _____ Notification: _____ Date: _____