



West Michigan Youth Soccer Association Spring 2024 Game Reschedule Request

Game # _____ Division _____ Gender _____

Home Team Contact: _____ Team Name _____

Away Team Contact: _____ Team Name _____

Current Game Schedule:

Date _____ Time _____ Location/Field _____

Team Requesting Change _____

Reason for the change _____

Request Change to:

Date _____ Time _____ Location _____

Signature of coach requesting change _____

Signature of opposing coach _____

Signature by Club Administration of Requesting Team _____

†Fee for Rescheduled games based on Submission Date:

- Level 1: Inclement Weather \$ 7.50 each team
- Level 2: February 1 – February 9 \$15.00
- Level 3: February 10 - February 29 \$25.00
- Level 4: March 1 – May 30 \$75.00
- No reschedules allowed with less than 7 days.

Form should be emailed to scheduler:
Dana.Pope@wmyma.org

Fees will be invoiced to Requesting Team’s club. All payments should be made to club.

†Date completed form is received and read by WMYSA.