



West Michigan Youth Soccer Association Fall 2025 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: July 28 – July 31	\$15
Level 3: August 1 – August 25	\$25
Level 4: August 26 – October 22	\$75

No reschedules allowed with less than 7 days.

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

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

[†]Date submission is based on when it is received and read by WMYSA.