



Request to Reschedule Match

To use this form electronically – save the form to your PC and then from File Explorer right click on the saved file name and use **Open With** to choose Adobe Reader. Upon completion of the form, save it and email to the address below. Alternatively this form can be printed, hand written and scanned to the below email address or posted to the D7 Office.

Note: Reasons as agreed by District 7's Board why a request to reschedule a Match can be submitted:

- Inclement weather;
- Death of a family member;
- School function.

Person Requesting the Reschedule:

Coach/Manager's Name: _____

Coach/Manager's Email: _____

Coach/Manager's Phone Number: _____

League: _____

Match Information:

Game Number: _____

Date of Fixture: _____ / _____ / _____
Month / day / year

Age Group: _____

Field Game Assigned to: _____

Teams: (Home) _____

(Away) _____

Reason for Request *(please provide as much information as possible):*

League President's Authorization:

Name: _____ Signature: _____

PLEASE EMAIL THIS FORM TO: **District7pp@gmail.com**