## **GRAND VALLEY SOCCER ASSOCIATION**

PO Box 888680 Grand Rapids, MI 49512

http://www.gvsoccer.org/ Email: admin@gvsoccer.com



## Game Reschedule Request Form \$100.00 per game change

<u>All</u> game reschedule requests <u>must</u> use this form in order to process a game change and be submitted by the home team.

Reason for reschedule	:	
Original Game		New Game
Game Number:		
Original Game Date:		New Date:
Original Game Time:		
Original Site:		New Site:
Age Group:	Gender:	Division:
Home Team:		Coach/Mgr:
		Coach/Mgr:
1. This form must be c GVSA office seven (7) of than 7 days before the	<b>Pr</b> ompletely filled out, be days <b>prior</b> to the origin game will NOT be acc	ocedure: e accompanied with \$100.00, and received at the al date of the game. Game changes submitted less epted. If mailing, please keep in mind, reception is Box. Please mail to address below:
GVSA -	PO Box 888680 - Grand	d Rapids, MI 49512 Attn: Reschedule
2. Your game reschedu	ıle request must be foi	an extremely extenuating circumstance.
	•	SA Office confirming the change. Please do not our referee assigner on the notification of
For Office Use Only		
Date Received:	Date App	roved: