

FOSC GAME RESCHEDULE FORM

Team Number:

Team Name:

Team Age:

Original Game Day:

Original Game Date:

Original Game Time:

Game Number:

Reason for Reschedule:

First Choice for Reschedule

New Game Day:

New Game Date:

Approx. Start Time:

Second Choice for Reschedule

New Game Day:

New Game Date:

Approx. Start Time:

Third Choice for Reschedule

New Game Day:

New Game Date:

Approx. Start Time:

Reschedule Approved

Your Game Number _____, originally scheduled for (Day, Date, Time)
has been rescheduled for (Day, Date, Time, Field Number).

Reschedule Denied.

Incomplete Form

No Field or Referee Availability

**** All reschedules must follow CUSL Rules and will be assigned first come, first serve.**

****All request forms must have at least two (2) reschedule choices to be Complete.**

****All incomplete forms received, will be returned to teams without reschedule consideration.**

****Return completed forms to MIKE HESSLING at mchessling@psara.com.**