



Washington Youth Soccer
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FOR PRELIMINARY GAMES ONLY
State Tournament Game Reschedule Request Form

PLEASE NOTE CONDITIONS TO RESCHEDULE GAMES:

- (1) All rescheduled preliminary games **MUST** be played *PRIOR* to the originally scheduled tournament game date unless you obtain special permission from the State Tournament Director *PRIOR* to the original game date.
- (2) BOTH teams and BOTH Association Representatives must sign the form in the appropriate section if they approve the request.
Elimination, Quarter, Semi and Final games MAY NOT BE RESCHEDULED

APPROVAL PROCESS:

- (1) **For reschedules to play the game PRIOR to the original game date-** Once both teams and Assoc. Rep's sign and fax or email a copy of the reschedule form to the Washington Youth Soccer Office the reschedule is approved. No further approval by the State Tournament Chair(s) is needed.
- (2) **For reschedules to play the game AFTER the original game date-** Once the form is signed by both teams and Assoc. Rep.'s the form must be faxed to the Washington Youth Soccer Office for the State Tournament Chair(s) Approval. **NO EXCEPTIONS**

(1) TOURNAMENT INFORMATION (THREE PART)

- (A) The **State Tournament** my team is participating in: ___ Founders Cup ___ Challenge Cup ___ US Youth Soccer Washington Youth Soccer Championships
- (B) The **Gender** of my team: ___ Boys ___ Girls (Please check *ONE*)
- (C) The **Age Group** of my team: ___ U11 ___ U12 ___ U13 ___ U14 ___ U15 ___ U16 ___ U17 ___ U18 ___ U19

(2) HOME TEAM INFORMATION

My Registered Team name is _____ (See tournament schedule)

My 9 digit Team ID # is _____ (See tournament schedule)

As the Team Manager / Team Coach:

I APPROVE THIS GAME RESCHEDULE REQUEST _____ **Date** _____
 (Signature of approval)

Association Representative Approval _____ **Date** _____
 (Signature of approval)

(3) VISITING TEAM INFORMATION

My Registered Team name is _____ (See tournament schedule)

My 9 digit Team ID # is _____ (See tournament schedule)

As the Team Manager / Team Coach:

I APPROVE THIS GAME RESCHEDULE REQUEST _____ **Date** _____
 (Signature of approval)

Association Representative Approval _____ **Date** _____
 (Signature of approval)

(4) GAME DATE TO BE RESCHEDULED

Original Game Date: _____ Game Rescheduled to: _____ Game ID: _____

(5) REASON FOR RESCHEDULE REQUEST

State Approved: ___ Yes ___ No