**In-Season Rescheduling Form**

This form is for emergencies after the final schedule has been created. It is to be filled out by team requesting reschedule and sent to opponent. Opponent is under no obligation to oblige to any rescheduling requests.

**Both teams must sign, and home club MUST be notified**. If opponent team’s contact information has not been provided at beginning of season, please contact hdsl@hdsasoccer.ca.

**Form must be submitted to HDSL no less than 7 days before original kickoff, and of new date for the game.** For clarity purposes, when submitting form to HDSL include both teams and home club administrator on email.

**Game #-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Requesting (Age/Club):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Opponent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home club has been notified? Y/N**

**Away club has been notified? Y/N**

**New Date and Kickoff Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Name and City Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Home Team Representative Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Away Team Representative Signature Date*