## **GRAND VALLEY SOCCER ASSOCIATION**

PO Box 888680 Grand Rapids, MI 49512

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



## **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.

	ile:	•	I closures the fee does not apply.	
Original Game		New Game		
Game Number:				
Original Game Date:		New Da	New Date:	
Original Game Time:		New Ti	New Time:	
Original Site:			New Site:	
Age Group:	Gender:	Division	า:	
Home Team:		Coach/Mgr:	Coach/Mgr:	
Home Team Club Re	presentative Signature: _			
office seven (7) busine 7 days before the gam	completely filled out, be accorded as some set on the control of the original set.	date of the game. Gan nailing, please keep in i	O, and received at the GVSA ne changes submitted less than mind, reception is not based on	
GVSA	- PO Box 888680 - Grand Ra	pids, MI 49512	Attn: Reschedule	
2. Your game resched	ule request must be for an e	extremely extenuating	circumstance.	
	l you hear from the GVSA Of ad include your referee assig	~	ange. Please do not contact us, of approval!	
For Office Use Only				
Date Received:	Date Appr	oved:		