



GOAN

SOCCKER LEAGUE

REQUEST TO CHANGE THE SCHEDULE

WE, THE UNDERSIGNED, BOTH AGREE TO CANCEL OUR GAME,

SCHEDULED ON : _____
(Scheduled Date)

THIS GAME WILL BE PLAYED ON: _____,
(New Date)

OR NOT LATER THAN ONE WEEK PRIOR TO END OF THE LEAGUE SEASON.

	REQUESTED BY:	AGREED BY:
TEAM:		
NAME:		
POSITION:		
SIGNATURE:		
DATE:		

SUBMISSION TO THE LEAGUE

(Must be submitted to the league by 4:00 p. m., WEDNESDAY before the scheduled game.)

TO:		
DATE:		
TIME:		

REMARKS: