



**SOUTHWEST SOCCER**  
401 New Dundee Rd.  
Kitchener, ON.  
N2P 2N8  
Phone: 519-894-5965  
Web: www.swrsa.ca

## Game Change Request Form

This form must be submitted via email to [league@swrsa.ca](mailto:league@swrsa.ca)

It can be found at [www.swrsaleague.ca](http://www.swrsaleague.ca) → About → Forms

*This form is only to be used for games being rescheduled within 14 days of the originally scheduled date. Reschedule requests received within 72 hours of the original date will not be entertained.*

Game #: \_\_\_\_\_ Division: \_\_\_\_\_

Home Team: \_\_\_\_\_ Away Team: \_\_\_\_\_

**Current:** Game Date: \_\_\_\_\_ Time: \_\_\_\_\_ Field: \_\_\_\_\_

**Proposed:** Game Date: \_\_\_\_\_ Time: \_\_\_\_\_ Field: \_\_\_\_\_

Please state the reason for the reschedule:

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**Team Officials-** Reschedule requests must be approved by the clubs. You cannot sign if you are not the Club Representative. This form must be signed to be valid.

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**Club Representative-** Please read before signing;

*I hereby approve the reschedule request on behalf of the requesting team from my club. I acknowledge that if the SWDSL receives this request within 14 days of the originally scheduled date the club will be liable for the fees as outlined in Appendix C and any field and referee costs incurred by the home team for that original date. I also acknowledge that if this request is received within 48 hours before the originally scheduled date it will not be accepted.*

Requesting Club: \_\_\_\_\_

Club Contact Name: \_\_\_\_\_

Club Contact Phone: \_\_\_\_\_

Club Contact Signature: \_\_\_\_\_

### **Opponents Club Representative Acknowledgement**

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Club Contact Name: \_\_\_\_\_

Club Contact Phone: \_\_\_\_\_

Club Contact Signature: \_\_\_\_\_

### **For Southwest Soccer Office Use Only**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Scan and Email to: [league@swrsa.ca](mailto:league@swrsa.ca)

**(By Club Representative only)**