

# FORT COLLINS SOCCER CLUB

PO BOX 271842, FORT COLLINS, COLORADO 80527-1842 \* (970) 226-4253

## REQUEST TO POSTPONE GAME

**Any request to postpone a game after the schedule has been posted is subjected to a fee of fifty dollars (\$50.00).** If the request is submitted less than ten (10) days prior to the game to be postponed it is subjected to an additional fee of fifty dollars (\$50.00). If the referee assignor was not notified prior to the postponement a payment for the referees shall also be submitted per CYSA rule 4.4 (b). **The total fee must be paid before the game will be considered for reschedule.** The only exemptions for the fee are for any team approved for tournament travel during originally scheduled game date or if a team is to participate in a State Cup match on the same date of game.

|                |  |
|----------------|--|
| <b>GAME #:</b> |  |
|----------------|--|

|                 |                   |            |                      |
|-----------------|-------------------|------------|----------------------|
| Game DATE:      |                   | Game TIME: |                      |
| Game FIELD #:   |                   |            |                      |
| AWAY TEAM NAME: |                   |            |                      |
| HOME TEAM NAME: |                   |            |                      |
| AGE:            |                   | GENDER:    | Male / Female / Coed |
| CONTACT NAME:   | Coach / Manager : |            |                      |
| CONTACT E-MAIL: |                   |            |                      |
| CONTACT PHONE:  |                   |            |                      |

|                                 |  |
|---------------------------------|--|
| <b>REASON FOR POSTPONEMENT:</b> |  |
|---------------------------------|--|

|                      |          |       |      |         |
|----------------------|----------|-------|------|---------|
| <b>ASSESSED FEE:</b> | Check #: | Card: | Cash | Amount: |
|----------------------|----------|-------|------|---------|

**ALL REQUESTS MUST BE DISCUSSED BETWEEN COMPETING TEAMS AND AGREED TO BY THE COACHES BEFORE SUBMITTAL OF THIS FORM! By receiving this completed form, the Fort Collins Soccer Club understands that you (the hosting team) have discussed and agreed upon this request to postpone. Please refer to the Game Postponement/Reschedule Policy for the correct procedure to reschedule a postponed game.**

|                  |  |                 |  |
|------------------|--|-----------------|--|
| COACH SIGNATURE: |  | DATE SUBMITTED: |  |
|------------------|--|-----------------|--|

| <b>TO BE COMPLETED BY FORT COLLINS SOCCER CLUB</b> |         |         |
|--|---------|---------|
| <b>CHECK LIST:</b>                                 | Matrix: | Change: |
|  | Master: | Email:  |
|  | GO:     |         |