



RESCHEDULE REQUEST FORM – FALL 2024

Age and Gender: _____ (example: U10B, U14G, etc.)

Team Requesting Reschedule: _____

Team Requesting: _____ Home Team _____ Away Team

Date of Game: _____ Time of Game: _____ Game #: _____

Although not guaranteed, you may suggest up to three possible alternative dates below:

Reason for Conflict/Reschedule:

_____ School _____ Religious _____ Scouting

Opposing Team Name (include association name): _____

Schedule Field Location: _____

of Players on Roster: _____ # of Absent Players: _____

Head Coach Name: _____

Head Coach Contact # and email: _____

Additional Notes:

Coaches only may submit requests. Please submit this form to your age group commissioner. We will consider all requests, and you should expect a reply within 48 hours of submission.

If you have any questions regarding KSA's rescheduling policy, please refer to www.kellersoccer.net