



WDDOA DI RESCHEDULE REQUEST FORM

CONTACT INFORMATION:

TEAM NAME:
MANAGER NAME:
PHONE:
EMAIL:

Head Coach Signature: _____ Head Coach Phone#: (____) _____

GAME INFORMATION:

<input type="checkbox"/> CHANGE REQUEST (Requested Change From Scheduling Meeting Agreement)	<input type="checkbox"/> NEW REQUEST (Request Not Submitted at Scheduling Meeting)
<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14 <input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U17 <input type="checkbox"/> U18/19	
GAME CURRENTLY SCHEDULED FOR	
GAME #:	
DATE:	
TIME:	
OPPONENT:	
LOCATION:	
REASON FOR RESCHEDULE REQUEST: Please be specific	

PROPOSED RESCHEDULE INFORMATION:

PLEASE PROVIDE AS MANY DATE/TIME OPTIONS AS YOU WOULD LIKE IN THE SPACE BELOW
DATE:
TIME:
LOCATION:
ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE:

To Be Considered: All reschedule requests **must** be submitted on this form via email / fax at least 7 business days prior to the game you are requesting to reschedule. A **\$50.00 non-refundable** administrative fee will be due from the team submitting the re-schedule request. Final determinations will not be made and/or communicated until the \$50.00 reschedule request fee has been received in the WDDOA office. If this fee is not received within 72 hours of receipt of the initial reschedule request form the reschedule will be denied. **Please note, submission of this reschedule request form and/or reschedule request fee does not guarantee that the game will be rescheduled.**

Please submit forms to: secretary@wddoa.org via email or you may fax to 512/302-0686.

Please submit payment to: WDDOA P.O. Box 352 Manor, Texas 78653