WDDOA DI RESCHEDULE REQUEST FORM

CONTACT INFORMATION:

TEAM NAME:
MANAGER NAME:
PHONE:
EMAIL:

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

GAME INFORMATION:

☐ PREVIOUS REQUEST (Submitted on Initial Grid)	☐ NEW REQUEST (Not Submitted on Initial Grid)
☐BOYS ☐GIRLS ☐U11 ☐U12 ☐U13 ☐U14 ☐U15 ☐U16 ☐U17 ☐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** reschedule administrative fee will be charged to the team submitting the request. The reschedule request fee is due in the WDDOA office within 72 hours of receipt of the reschedule request form. 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