

# KC Metro Reschedule Request Form

**Procedure: (Fill out this form completely.)**

Contact the other coach involved and get him to agree to change and sign off on the change. Come up with 3 dates for the reschedule that works for you and the other coach.

Contact **HOME** team member league for the game you are rescheduling and find out their procedure to get form and payment to them.

Reschedule **FEE** is \$25.00 (to be paid to Home Team Member League). If this form is received less than 1 week from currently scheduled game date, rescheduling fee is \$50.00.

Home League scheduler will reschedule the game and inform both coaches and Metro League scheduler of new game date/time.

## KC Metro Leagues and Contacts

BS	Blue Springs	Jim Tate	816-224-0247	RP	Raymore	Janet Snook	816-322-2791
GB	Grandview	Dave Byard	816-331-6729	RT	Raytown	Warren Brown	816-313-7721
HV	Harrisonville	Tom Clarke	816-380-2437	SW	Soccer West	Leonard Draves	816-272-5423
IN	Independence	Paula Erickson	816-796-1560	WM	Western MO	Ron Meriwether	816-459-7543
LS	Lee's Summit	Greg Shackelford	816-246-9871				

### COACH REQUESTING CHANGE INFO:

TEAM # \_\_\_\_\_ TEAM AGE \_\_\_\_\_ B or G \_\_\_\_\_ TEAM NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

### OPPOSING COACH INFO:

TEAM # \_\_\_\_\_ TEAM AGE \_\_\_\_\_ B or G \_\_\_\_\_ TEAM NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME LEAGUE PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

I AGREE WITH THIS CHANGE (signature of opposing coach) \_\_\_\_\_

### GAME TO BE RESCHEDULED:

GAME # \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FIELD \_\_\_\_\_

### WOULD LIKE TO RESCHEDULE THIS GAME TO BE PLAYED ON ONE OF THESE THREE (3) DATES:

1st CHOICE \_\_\_\_\_ 2nd CHOICE \_\_\_\_\_ 3rd CHOICE \_\_\_\_\_

AM or PM

AM or PM

AM or PM

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**HOME TEAM MEMBER LEAGUE USE:** RECEIVED \_\_\_\_\_

DATE NOTIFIED: HOME TEAM \_\_\_\_\_ OPPOSING TEAM \_\_\_\_\_ METRO LEAGUE \_\_\_\_\_

PAYMENT RECEIVED \_\_\_\_\_ CHECK # or CASH \_\_\_\_\_ AMOUNT PD \_\_\_\_\_