

SILVER STATE GIRLS SOCCER LEAGUE

SCHEDULE REQUESTS AND EXCEPTIONS

SEASON: _____ YEAR: _____

1ST TEAM NAME: _____ AGE GROUP: _____

COACH: _____ ASST COACH / MANAGER: _____

COACH NUMBER: _____ ASST COACH / MANAGER NUMBER: _____

COACH EMAIL: _____ ASST COACH / MANAGER EMAIL: _____

TOURNAMENT EXCEPTION DATES:

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

COACHING MULTIPLE TEAMS / OTHER: (more than one team to schedule games around, tournaments, school dances or functions, church functions, SAT, ACT, coach or player work schedule, coach or player meetings, etc.):

2ND TEAM NAME: _____ AGE GROUP: _____

COACH: _____ ASST COACH / MANAGER: _____

COACH NUMBER: _____ ASST COACH / MANAGER NUMBER: _____

COACH EMAIL: _____ ASST COACH / MANAGER EMAIL: _____

TOURNAMENT EXCEPTION DATES:

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

COACHING MULTIPLE TEAMS / OTHER: (more than one team to schedule games around, tournaments, school dances or functions, church functions, SAT, ACT, coach or player work schedule, coach or player meetings, etc.):

SSGSL will make every effort to honor your request, but does not guarantee all scheduling requests. All requests must be received in the league office by the above due date. Any requests received after the due date and prior to scheduling will require a \$15.00 late fee. Absolutely no requests will be accepted once scheduling begins.

Coach Signature

Coach Printed Name

Date