

# KICK CITY Game Reschedule Request Form

**Reschedules are not guaranteed!**  
**Both teams and KICK CITY must agree to a new time and date.**  
**This form must be turned in 7 days prior to the original game and be accompanied by a \$20 deposit and written confirmation from both team managers.**  
**Both teams must confirm one week prior to the proposed game time.**

## To be Filled Out by Team Manager

<u>Request Made By</u>
<b>Manager:</b> _____
<b>Team &amp; Division:</b> _____
<b>Today's Date:</b> _____
<b>Home Phone:</b> _____
<b>Work Phone:</b> _____

<u>Game to be Changed</u>
<b>Team Name:</b> _____
<b>Division:</b> _____
<b>Game Number:</b> _____
<b>Game Date:</b> _____
<b>Game Time:</b> _____
<b>Home Team:</b> _____
<b>Visiting Team:</b> _____

<u>Signatures from Both Team Mangers</u> <b>If the signature is not on here please attach it to the back of this form.</b>
<b>Team Manager Signature:</b> _____
<b>Team Manager Name (Please Print):</b> _____
<b>Team Manager Signature:</b> _____
<b>Team Manager Name (Please Print):</b> _____

<u>Proposed New Game Time</u>
Date: _____
Time: _____

<b>Office Use Only</b> <u>Confirmation of Time by Requesting Team</u>
Team Name: _____
Date: _____
Phone: _____ Initial _____

<u>Confirmation of Time by Other Team</u>
Team Name: _____
Date: _____
Phone: _____ Initial _____

**Payment Method:** \_\_\_\_\_  
**Received By:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**2 Forms of Written Confirmation:** \_\_\_\_\_