



SCHEDULE REQUEST

Only schedule request in writing will be accepted.

Request **MUST** be submitted by the entry deadline date for the session your team is participating in.

RESPONSIBLE PARTY: _____

TEAM NAME: _____

SPORT: BASKETBALL FLAG FOOTBALL SOCCER OTHER _____

YEAR: _____ SESSION: FALL WINTER I WINTER II SPRING SUMMER

TEAM AGE: ADULT OPEN YOUTH TEAMS (includes HS) Oldest / Highest: AGE _____ GRADE _____

DIVISION: YOUTH & HIGH SCHOOL: BOYS GIRLS ADULT: MEN'S WOMEN'S CO-ED

LEVEL: C: RECREATIONAL B: INTERMEDIATE A: COMPETITIVE

SportsCity allows each team two (2) scheduling requests.

Once schedules have been distributed, NO requests accepted or changes will be made.

Request are not guaranteed though every effort will be made to honor.

REQUEST:

1. _____

2. _____
