



P.O. Box 6212
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(361) 855-3640

RESCHEDULING FORM

I am requesting that my game that is scheduled to be played on

_____ P.M. _____ to be rescheduled.
Date Time Field

Head Coach: _____

Team: _____

Date: _____

I am agreeable that my game that is scheduled to be played on

_____ P.M. _____ to be rescheduled.
Date Time Field

Head Coach: _____

Team: _____

Date: _____

----- DO NOT WRITE BELOW THIS LINE-----

Date received: _____

Game rescheduled for: _____ P.M. _____
Date Time Field

Notified by Player Agent: _____
Requesting Team Date Agreeing Team Date