

2009 STFL – Request Form for Rescheduled Game

Date request is made: _____

Division: _____

Team requesting rescheduling: _____

Versus _____

Original game day, time and field:

Alternate date, time and field requested for game to be played on:

Team Contact making the request (Name, Phone # and Email):

Please email all above information to Laura Bosovich at lshymko@hotmail.com or fax completed form to (306) 242-7797

* All requests for rescheduled games MUST be submitted 7 days in advance and must be rescheduled within 14 days (with the exception of lack of field and/or officials availability)

* If teams default, the score is 1-0

* Please remember each team is only allowed 2 rescheduled games per season