

**FOOTBALL CHEERLEADING CLUB OF JOHNSON COUNTY  
REQUEST FOR RESCHEDULE OF EXISTING GAME**

Dear Coach,

In order to properly notify all interested persons regarding any schedule changes, you must complete the following and have it signed by every-one before you can consider your game to be officially "re-scheduled". You also understand that completion of this form does not guarantee that the request will be honored. No request shall be honored until agreed to by ALL interested parties and authorized by league officials.

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COACH MAKING REQUEST: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

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TEAM

COACH

ORIGINAL GAME DATE & TIME

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**VS**

TEAM

COACH

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REQUESTED GAME DATE: \_\_\_\_\_

1ST CHOICE \_\_\_\_\_ GAME TIME \_\_\_\_\_ FIELD \_\_\_\_\_

2ND CHOICE \_\_\_\_\_ GAME TIME \_\_\_\_\_ FIELD \_\_\_\_\_

3RD CHOICE \_\_\_\_\_ GME TIME \_\_\_\_\_ FIELD \_\_\_\_\_

By signing below, I agree to have this game rescheduled as indicated on this form:

COACH \_\_\_\_\_ TEAM \_\_\_\_\_

COACH \_\_\_\_\_ TEAM \_\_\_\_\_

**EACH COACH IS TO CONTACT HIS CORRESPONDING CHEERLEADING COACH**

Cheer Coach Signature: \_\_\_\_\_ Date \_\_\_\_\_

Cheer Coach Signature: \_\_\_\_\_ Date \_\_\_\_\_

League Office: \_\_\_\_\_ Date \_\_\_\_\_