



HEAD COACH NO CONFLICT REQUEST/RESCHEDULE REQUEST FORM

Section 1: Only list teams you are the Head Coach for. CFBSA will do its best to honor your request. However, this is not a guarantee it will be honored. This request must be submitted to vpcupsgames@cfbsoccer.net or faxed to office for initial soccer schedule three (3) weeks prior to soccer season.

Team Name	Age Group/Gender	Head Coaches Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2: List school or city events you would like considered for rescheduling purposes. This form must be submitted to vpcupsgames@cfbsoccer.net or faxed to office no later than three (3) weeks prior to the event and where minimum player requirements are not met. **After the start of the season, the only circumstances that may be considered for re-schedules shall be: weather related, city related or school related.** CFBSA will do its best to honor your request. However, this is not a guarantee it will be honored. One (1) request per soccer season may be honored by CFBSA.

Event/Location	Date/Time Of Event	Team/Age Group/Gender	Game Number
_____	_____	_____	_____
_____	_____	_____	_____

Your Name: _____

Telephone Number: _____

Email Address: _____

Note: Due to scheduling concerns CFBSA has the right to request form more than 3 weeks prior to season start/event

OFFICE FAX NUMBER 972-245-9928
vpcupsgames@cfbsoccer.net

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