

**MICHIGAN YOUTH SOCCER LEAGUE**

U-19/U-18/U-17/U-16/U-15/U-14/U-13/U-12/U-11/U-10/U-9/U-8

Affiliated with MSYSA and USSF

Re: FALL 2009/SPRING 2010 Schedule Change Request

Email to: Moe Geromette [myslcomm@comcast.net](mailto:myslcomm@comcast.net)

TEAM REQUESTING GAME CHANGE: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ AGE: \_\_\_\_\_ DIVISION: \_\_\_\_\_ GAME NUMBER: \_\_\_\_\_

Home Team: \_\_\_\_\_

Away Team: \_\_\_\_\_

	<u>Scheduled for:</u>	<u>Changing to:</u>
Field:	_____	_____
Date:	_____	_____
Time:	_____	_____

To complete this request, please  
enclose the game change fee (\$25.00 check) and a copy of this form.

Mail this form and check payable to MYSL to:  
MOE GEROMETTE, MYSL  
48026

32354 Huber Lane, Fraser, MI

Please check here \_\_\_ verifying that an email has been sent to [myslcomm@comcast.net](mailto:myslcomm@comcast.net)

Check # \_\_\_\_\_ Date received by MYSL Commissioner \_\_\_\_\_

(This notice is required to maintain insurance coverage of league games.)