

REQUEST TO RESCHEDULE A VOLLEYBALL MATCH

This form is due to the Recreation Supervisor no later than 12:00pm on the day of the originally scheduled match. Questions? Call 920-887-4639.

TEAM INFORMATION

Requesting Team Name: _____

Opposing Team Name: _____

REASON FOR REQUEST

MATCH INFORMATION

ORIGINAL MATCH INFO

Date: _____

Time: 6:30pm 7:30pm 8:30pm

Court #: 1 2 3

RESCHEDULED MATCH INFO

Date: _____

Time: 6:30pm 7:30pm 8:30pm

Court#: 1 2 3

MANAGER SIGNATURE

Signature of Team Manager Requesting Change

Date

Signature of Opposing Team Manager

Date

The opposing team manager must contact the Recreation Supervisor via text, email or phone call with their consent.

The Recreation Supervisor will then confirm this request has been approved by contacting both managers.

Signature of Recreation Supervisor

Date

RESCHEDULING FEE: None.

HOW TO RESCHEDULE: The requesting team’s manager is responsible for completing and submitting a “Request to Reschedule a Volleyball Match” form to the BDCAS Office before the request is acted upon. Please note, additionally required with this form is one of three things: 1) the signature of the opposing team’s manager on the form, 2) a text to 920-210-3738 from the opposing team’s manager or 3) an email to jhohenstein@ci.beaverdam.wi.gov from the opposing team’s manager confirming the change. The signature, text or email from the opposing team’s manager must be received by 12:00pm on the day of the original match. Every effort will be made to honor the request. However, if this is not possible, the request will be denied and the originally scheduled game should be played.