

# RAIN OUTS

In the event a game is rained out, please fill out this form to get your game rescheduled.

Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

League: \_\_\_\_\_

Coach Email: \_\_\_\_\_ Coach Phone: \_\_\_\_\_

Date of Rain Out: \_\_\_\_\_

Scheduled Opponent: \_\_\_\_\_

Requested Make-Up:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Field: \_\_\_\_\_

We will do our best to accommodate requests.

We will contact you to confirm the new date and time of your make-up game.

