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RYSL Schedule, Conflicts and Exceptions Request

073116

Read the “RYSL Scheduling Policy” before filling out this Request

Fill out this form completely and legibly

Season/Yr: _____ 1ST Team Name: _____ Age Group/Gender: _____

HEAD COACH: _____ ASST. COACH: _____

DATE SUBMITTED: _____ PHONE: _____ EMAIL: _____

TOURN: _____ FROM: _____ TO: _____

TOURN: _____ FROM: _____ TO: _____

CONFLICTS: _____

2nd Team Name: _____ Age Group/Gender: _____

HEAD COACH: _____ ASST. COACH: _____

DATE SUBMITTED: _____ PHONE: _____ EMAIL: _____

TOURN: _____ FROM: _____ TO: _____

TOURN: _____ FROM: _____ TO: _____

CONFLICTS: _____

RYSL does **NOT** guarantee the scheduling requests provided on this Request. The League Scheduler will do their best to incorporate them, if possible, during the “Regular Season” and for the “Tournament”. This Request **MUST** be emailed to the President, RYSL before the date required or by the (4th) week prior to the start of the current Season. **NO** Requests will be accepted once scheduling has begun.

I have read the “RYSL Scheduling Policy” and I agree to abide by it.

 (Print Head Coach Name)

 (Sign Head Coach Name)

 (Date)

 (Name of person receiving this request)

 (Position)

 (Date)