

**WESTCHESTER YOUTH SOCCER LEAGUE
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THIS IS THE FORMAT FOR MAKEUP, TBS, OR ANY NON-SUNDAY GAMES – E-MAIL THIS FORM TO THE OFFICE 4 DAYS IN ADVANCE OF GAME (I.E. BEFORE THE PREVIOUS TUESDAY FOR A WEEKEND GAME) TO ASSURE REFEREE COVERAGE. ONCE SUBMITTED, NO CHANGES ALLOWED.

**DATE: (i.e. October 4 (Sat.))
TIME: (i.e. 3:00 pm)
FIELD: (i.e. Upper Gedney)
AGE GROUP/DIV: (i.e. GHS-IV)
TEAMS: (i.e. Bronx Bombers V Pelham Vipers)
DATE OF ORIGINAL GAME: (The date the game was originally scheduled but not played – i.e. 9/14/03)**

**SUBMITTED BY:
DAY PHONE:
E-MAIL ADDRESS:
TODAY'S DATE:**