

SSGSL SCHEDULE REQUESTS AND EXCEPTIONS

Season: _____

1ST TEAM NAME: _____ AGE GROUP: _____

HEAD COACH: _____ ASST. COACH: _____

BRACKET REQUEST (Competitive Only): Premier _____ Gold _____ Silver _____ Bronze _____
(Bracket requests are not guaranteed. All requests will be reviewed and must be approved by the bracketing committee)

TOURNAMENT EXCEPTION DATES:

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

OTHER: (SAT'S, PSAT'S etc.):

2ND TEAM NAME: _____ AGE GROUP: _____

HEAD COACH: _____ ASST. COACH: _____

BRACKET REQUEST (Competitive Only): Premier _____ Gold _____ Silver _____ Bronze _____
(Bracket requests are not guaranteed. All requests will be reviewed and must be approved by the bracketing committee)

TOURNAMENT EXCEPTION DATES:

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

FROM: _____ TO: _____ TOURN: _____

OTHER: (SAT'S, PSAT'S, ETC.):

SSGSL does not guarantee all scheduling or bracket requests provided on this form.

All requests must be received in the league office by the above due date. Any requests received after the due date and prior to scheduling will require a \$15.00 late fee. Absolutely no requests will be accepted once scheduling begins.

(Head Coach Signature)

(Date)