

PSA GAME SWAP FORM

- 1. Identify game(s) to be changed. (Swaps must be made within same grade & division).**
- 2. Contact the coach(s) to agree to the change.**
- 3. Complete this form and e-mail to the scheduler at scheduler@psaplano.org**
- 4. You will receive a confirmation e-mail of the change.**
- 5. The website will be updated within 72 hrs.**

Date _____

Requesting Team

Team Name _____ **Coach Name** _____ **Grade** _____
Day Phone _____ **Evening Phone** _____ **Div.** _____
E-MAIL _____ **(REQUIRED)**

Current Schedule (All games affected)

Date	Time	Court	Grade	Div	Home (w/coach))	Visitor (w/coach)

New Schedule Requested

Date	Time	Court	Grade	Div	Home (w/coach))	Visitor (w/coach)

This confirms that **ALL** teams changing times have been contacted and agree to the change. The change will be processed as soon as possible and all teams will receive confirmation of the changes.

scheduler@psaplano.org fax: 972-208-3801

OFFICE USE ONLY

Date _____

_____ Form receipt _____ Scheduled changed	_____ E-mail confirmation _____ Assignor Nortification
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