

**WESTCHESTER YOUTH SOCCER LEAGUE**  
**271 NORTH AVE – STE 206**  
**NEW ROCHELLE NY 10801**  
**(914) 235-5110**  
**fax: (914) 235-5323**  
**e-mail: ldargenio@wyslsoccer.org**

**GAME MAKE-UP FORM**

**THIS IS THE FORMAT FOR MAKEUP, TBS, OR ANY NON-SUNDAY GAMES. HOME TEAM MUST E-MAIL THIS FORM TO THE OFFICE 4 DAYS IN ADVANCE OF GAME (I.E. BY THE PREVIOUS TUESDAY FOR A SATURDAY GAME) TO ASSURE REFEREE COVERAGE. DO NOT SEND UNLESS CONFIRMED BY BOTH TEAMS! ONCE SUBMITTED, NO CHANGES ALLOWED.**

**DATE:** (i.e. October 4 -Sat.)  
**TIME:** (i.e. 3:00 pm)  
**FIELD:** (i.e. Upper Gedney)  
**SEX/AGE GROUP/DIV:** (i.e. GHS-IV)  
**TEAMS:** (i.e. Bronx Bombers)  
**DATE OF ORIGINAL GAME:** (The date the game was originally scheduled but not played – i.e. 9/14/07)  
**REASON NOT PLAYED:** (i.e. State cup away game, field pull, etc)  
**GAME #:** (234)

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