



NC Youth Soccer Discipline and Appeals

Hearing Reschedule Request Form

Association Name: _____

Person's Name: _____

Position (Pres, etc.): _____

Hearing Date: _____

Hearing Participants: **(ABC vs DEF)** _____

Reason for Reschedule Request:

Sick

Vacation

Business

Other

Reason for Other:

A request for the hearing to be rescheduled for any reasonable conflict may be made if requested no later than five (5) days before the scheduled hearing date. A request to reschedule will be granted only upon a showing of extraordinary circumstances.

Signature of Association Official/Title

Date

Manager Approval

Approved

Rejected

Comments:

NCYSA Approval/Title

Date