

**EDMONTON SOCCER ASSOCIATION**

**Booking Change and/or Cancellation Form**

**League Name:** Click here to enter text. **Team Name:** Click here to enter text.

**Date Submitted:** Click here to enter a date.

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| **Booking CHANGE requested** |
| **Original Booking** | **Please change to:** |
| **Facility** | **Date** | **Time** | **Field #** | **Facility** | **Date** | **Time** | **Field #** |
| Choose facility. | Date | Time | # | Choose facility. | Date | Time | # |
| Choose facility. | Date | Time | # | Choose facility. | Date | Time | # |
| Choose facility. | Date | Time | # | Choose facility. | Date | Time | # |
| Choose facility. | Date | Time | # | Choose facility. | Date | Time | # |
| **Booking CANCELLATION requested** |
| **Original Booking** |  |
| **Facility** | **Date** | **Time** | **Field #** | **Comment** |
| Choose facility. | Date | Time | # | Click here to enter text. |
| Choose facility. | Date | Time | # | Click here to enter text. |
| Choose facility. | Date | Time | # | Click here to enter text. |
| Choose facility. | Date | Time | # | Click here to enter text. |

**For changes or cancellations beyond available space, please complete multiple forms. Please list times in calendar order.**

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| **For Office Use Only** |
| **Met Cancellation Policy** | **Yes**[ ]  | **No**[ ]  | **Partial**[ ]  |
| **Fees Assessed** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Date Received** | Click here to enter a date. |
| **Comment:** | Click here to enter text. |
| **Change Processed** | **Yes**[ ]  | **No**[ ]  | **Other**[ ]  |
| **Comment:**  | Click here to enter text. |