

**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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | | |