

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS
SCHEDULE CHANGE FORM**

Please make the following change(s) to my _____ schedule.
(sport)

WAS:

NOW:

Date: _____

Date: _____

Time: _____

Time: _____

Opponent: _____

Opponent: _____

Level: _____

Level: _____

Site: _____

Site: _____

School _____

Reason for requesting a schedule change _____

Coach's Name Requesting the Change

Contact Number

Date

Campus Athletics Coordinator's Signature

Date

Principal's Signature

Date

Please fax (434-0630) this form to the Athletics Office

_____ The Athletics Office **has confirmed** your request for a schedule change and will inform the appropriate people (officials and athletic cashier).

The campus will notify any other appropriate personnel.

_____ The Athletics Office **does not approve** your request for a schedule change.
Reason(s)

Athletics Office _____ Date _____