

**YSLETA INDEPENDENT SCHOOL DISTRICT  
ATHLETICS  
GAME CANCELLATION FORM**

School Canceling: \_\_\_\_\_ Sport: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Opponent: \_\_\_\_\_

Level: \_\_\_\_\_

Site: \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Coach's Name	Contact Number	Date
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Campus Athletics Coordinator's Signature	Date
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Principal's Signature	Date
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**Please send to the Athletics Office**

The Athletics Office will inform the appropriate people of your cancellation (administrators, officials and opponent).  
***The campus will notify any other appropriate personnel.***

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**Athletics Office Use Only**

Note: \_\_\_\_\_

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Notification made by: \_\_\_\_\_ Date \_\_\_\_\_