



## Team No-Show Form

League: Boys State League / Girls State League / SECL (circle one)

Age: \_\_\_\_\_ Division: Premier / 1<sup>st</sup> / A / B / C / D (circle one)

Scheduled Date of Match: \_\_\_\_\_ Time: \_\_\_\_\_

Home Team: \_\_\_\_\_

Visiting Team: \_\_\_\_\_

Field: \_\_\_\_\_

Was this a rescheduled game? (weather or state cup) Yes \_\_\_\_\_ No \_\_\_\_\_

Team that did not show: \_\_\_\_\_

Name of team filling out this form: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form within 48 hours of the scheduled game to:

Wisconsin Youth Soccer Association  
Attn: Team No-Show  
10427 W. Lincoln Ave., Suite 1100  
West Allis, WI 53227