



Team No-Show Form

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

Age: _____ Division: Premier / 1st / 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