



YORK REGION SOCCER LEAGUE

Block Off Date Request Form (U9 to U18)

Club: _____

Team: _____ Age/Division: _____

Boys: Girls:

Coach: _____

Contact #: _____ Contact Email: _____

Manager: _____

Contact #: _____ Contact Email: _____

Date(s)	Name of Tournament/Event
Week 1 -	
Week 2 -	

Block off dates will be accepted for Graduation, Confirmation, North American/International tournaments and Memorable Event tournaments. Block off dates will not be accepted for vacations. **Incomplete forms and late submission will not be accepted.**

Name of Coach

Name of TD/CHC

Signature of Coach

Signature of TD/CHC

Date

Date