**MSA Coach’s Conflict Notification**

**PLEASE WRITE SO WE CAN READ IT**

**!!! PLEASE INCLUDE YOUR EMAIL and PHONE NUMBER ON THIS FORM !!!**

At Mansfield Soccer Association we understand and appreciate the time commitment and constraints placed on our coaches. ***We will consider working around one conflict in your game schedule if possible***. This is by team not by coach. Many teams have a Coach, Asst Coach or dual Coaches. We go by one request per team please.

Please understand that we will try and honor your request, however, discretion will be given the commissioner and/or game scheduler who actually produces the final game schedule.

* **If I can’t read it then I will not work around it. Make sure you print very clearly. Also make sure you tell me the age, gender, team name and head coach’s name for each team or I cannot work around it. An email address and cell number would help in some cases. If I need to contact and don’t have this info I will not honor the request.**
* No verbal conflict dates will be accepted. This must be turned in by the end of the coaches meeting. No request will be accepted after the coaches meeting has concluded.
* Do not request all morning games as this is the most desired time to play and we will not consider such a request. If you need a bye one week this will only be considered provided your age group gets a bye in the schedule.
* We will only work around two teams, if you are the head coach of more than two teams. I am sorry but it is near impossible to work around three or more team conflicts.
* Also if you are an assistant coach, I do not work around multiple games as there should be a head coach present at the game as well or a parent can step up and help that one game.
* One request per team, if more than one request is made all requests will be denied.

**Team Info:** PLEASE PRINT CLEARLY

Age group:  U5  U6  U7  U8  U9  U10  U11  U12 \_\_\_\_\_\_\_Older

Gender:  Girls  Boys

**Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Coach’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Coach Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date of Conflict | Description of Conflict: |
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*Use back of Form if you need more space to explain.*

*(if coaching two teams please include both age groups and team names and fill out a form for each age appropriate commissioner (so that both are informed) and every effort will be made to avoid conflict)*

If you are Head Coach on a 2nd Team Please put their info below. If you are asst coach, or just parent on 2nd team then please do not request “no game conflicts” for 2nd team as it will not be considered.

**2nd Team Info:** PLEASE PRINT CLEARLY

Age group:  U5  U6  U7  U8  U9  U10  U11  U12 \_\_\_\_\_\_\_Older

Gender:  Girls  Boys

**Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Coach’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Coach Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date of Conflict | Description of Conflict: |
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*(Please remember that we may not be able to accommodate your conflict request, thank you for your understanding.)*

***This Must Be Turned In By The End Of The Coaches Meeting***