**Coach Conflict Notification**

**(MSA and MPA)**

At Mansfield Soccer Association we appreciate and understand the time commitments and constraints placed on our coaches. We attempt to work around conflicts in scheduling your games as much as possible. Please understand that the following apply to conflict notification:

* Only one conflict form per team will be accepted. It should be filled out by the head coach. If the conflict form is from the assistant coach it will not be considered. If more than one form is turned in, they may all be denied. Conflict forms for multiple teams are only considered if the coach is the head coach of both teams.
* Turn in conflict form by end of coaches meeting. Conflict notifications made after coaches meeting may not be accepted. No verbal conflict dates will be accepted.
* If you ask for all games during only one part of the day, it is highly unlikely that every game will be able to be scheduled that way.
* If you need a bye, please indicate if you can play the Sunday of that weekend. If there are no bye’s in your age group, your request may not be considered.
* If your form is unreadable – your request cannot be considered. If your team name or age group is incorrect – your request cannot be considered.
* Please list your conflicts in order of preference that they be considered.
* Correctly fill out all blanks – coach’s name, age group, gender, team name, email and cell number.

Coach’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group U- \_\_\_\_\_\_\_ Birth Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Description of Conflict (use back of form if need more space)

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group U- \_\_\_\_\_\_\_ Birth Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Description of Conflict (use back of form if need more space)

**CONFLICT FORM MUST BE TURNED IN BY NOON ON AUGUST 8, 2020.**

**Please email your coach conflict form to dolphins\_coach@yahoo.com**