

Central Alberta Hockey League

Game Change or Reschedule Form

This form is to be used when rescheduling a game or to set the date for a TBA game.

Division: _____

Manager or Coach Making Request

Name: _____ Team: _____

Original Scheduled Game

Home Team: _____ Game # _____

Visiting Team: _____ Date: _____

Location: _____ Time: _____

New Scheduled Game

Home Team: _____ Game # _____

Visiting Team: _____ Date: _____

Location: _____ Time: _____

Comments:

Both teams agree with the change as stated above.

Home Team Manager

Visiting Team Manager

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Governor has approved the change. Yes No

If not approved, please state reason.

Name: _____

Signature: _____

Date: _____

Faxing or emailing from party to party is acceptable.