



Central Alberta Lacrosse League

Notice of Game Change Form

Circle Division U17 U15 U13 U11 U9	<u>Requesting Team Manager</u> Name: _____ Team: _____
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Original Scheduled Game

_____ vs _____

Game # _____ Date: _____ Time: _____

Location: _____

Reason for Game Change (circle one) FACILITY CONFLICT TOURNAMENT OTHER (explain below)

Newly scheduled game:

DATE: _____ TIME: _____

LOCATION: _____

We the undersigned agree to the above rescheduled game and have contacted the location floor scheduler

<p style="text-align: center;">Home Team Manager/Representative</p> <p>(print) _____</p> <p>(sign) _____</p> <p>(date) _____</p>	<p style="text-align: center;">Visiting Team Manager/Representative</p> <p>(print) _____</p> <p>(sign) _____</p> <p>(date) _____</p>
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This form is to be filled out by the requesting team manager with all information regarding the original game. Forward to the other team's manager to sign. Finally, this completed form will be sent by email scheduler@centralalbertalacrosse.com