



# Central Alberta Lacrosse League Notice of Game Change Form

16U

14U

12U

10U

8U

Requesting Team Manager

Name: \_\_\_\_\_

Team: \_\_\_\_\_

Original Scheduled Game

\_\_\_\_\_ vs \_\_\_\_\_

Game# \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for game change (circle one)    FACILITY CONFLICT    TEAM TOURNAMENT

Newly Scheduled Game

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

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

**Home Team Manager/Representative**

(Print) \_\_\_\_\_

(sign) \_\_\_\_\_

(date) \_\_\_\_\_

**Visiting Team Manager/Representative**

(Print) \_\_\_\_\_

(sign) \_\_\_\_\_

(date) \_\_\_\_\_

This form is to be filled out by the **requesting** team Representative with all information regarding the original game and the newly agreed upon game. Forward to the other team's rep. who will sign on their team's behalf. Finally, this completed form is to be sent by email to [scheduler@centralbertalacrosse.com](mailto:scheduler@centralbertalacrosse.com) as well as to all parties involved. If you have any questions, contact Angela at [scheduler@centralbertalacrosse.com](mailto:scheduler@centralbertalacrosse.com)