



Central Alberta Lacrosse League Notice of Game Change Form 2019

Midget	<input type="checkbox"/>
Bantam	<input type="checkbox"/>
Peewee	<input type="checkbox"/>
Novice	<input type="checkbox"/>
Tyke	<input type="checkbox"/>

Requesting Team Manager
Name: _____
Team: _____

Original Scheduled Game
_____ vs. _____
Game # _____ Date _____ Time _____
Played at _____

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 have 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@centralalbertalacrosse.com as well as to all parties involved. If you have any questions, contact Kim at president@centralalbertalacrosse.com