

Request to Change Game(s)

Please provide the following form with any requests for game movement. The only acceptable requests are tournaments, ALA sanctioned events, and or school functions for example graduations

Game movement requests must be made in writing by April 8th 2 pm.

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|---|----------------|
| Game Number: | Date: |
| Time: | Location: |
| Home Team: | Visiting Team: |
| Date of Request: | |
| Reason for request: | |
| Dates that could be acceptable to play the game on: | |
| Person making the request on behalf of the team | |
| Phone: | Email: |
| This must be send in via fax: to 463-0591 or scanned (pdf format) and emailed to gelcadm@telus.net | |
| Game change made to Teams notified and officials notified. | |