**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 Date April 14th - 2 pm.

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| Game Number: | Date: |
| Time: | Location: |
| Home Team: | Visiting Team: |
| Date of Request: |
| Reason for request: |
| Dates that may be acceptable to play the game on:Has Contact been made with the opposing team:  |
| Person making the request on behalf of the team:Name: Phone: Email:This form must be scanned as a pdf and emailed to gelcadm@telus.net |
| Office use onlyNotification provided to clubs\_\_\_\_\_ officials \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |