

GAME CHANGE FORM

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|---|
| <p align="center">Official Use Only</p> <p>Date Received: _____</p> <p>Initials: _____</p> |
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DATE: _____

HOME TEAM: _____

OPPONENT: _____

CHANGE OF: Date Time Venue Other: _____

The undersigned teams hereby request the changes below to be made to their WPSL schedule.

Original Date of Game: _____

New Date of Game: _____

Original Time of Game: _____

New Time of Game: _____

Original Venue of Game: _____

New Venue of Game: _____

Reason for Change: _____

NAME OF TEAM MAKING REQUEST

DATE

SIGNATURE, TEAM REPRESENTATIVE

PRINTED NAME

NAME OF TEAM ACCEPTING REQUEST

DATE

SIGNATURE, TEAM REPRESENTATIVE

PRINTED NAME