

## RESCHEDULING REQUEST FORM

I, the undersigned, agree that the changed game will cause no conflict and will participate at the proposed time and site.

I understand that the League Coordinator will determine who will forfeit if a conflict should arise.

**LEAGUE:** \_\_\_\_\_ **GAME NO:** \_\_\_\_\_

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

Team Name

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

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

Team Name

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

Existing Hour: \_\_\_\_\_

Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Arena

Supplied Hour: \_\_\_\_\_

Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Arena

### **RULES**

1. Any rescheduled game will have to be rescheduled on a District 10 Rescheduling Request Form.
2. The Rescheduling Request Form will be completed by the team requesting the change and returned to your League Coordinator signed by the opposing coach.
3. The requesting team must provide the amount of ice time required to play the rescheduled game, plus a \$100.00 penalty fee.
4. If the rescheduled date is prior to the scheduled date, the request must be in **7 DAYS BEFORE THE RESCHEDULED DATE**. If the rescheduled date is after the scheduled date, the request must be in **7 DAYS BEFORE THE SCHEDULED DATE**.
5. The ice time vacated will become the property of the association or team that originally scheduled the ice.

Referee Scheduler contacted on: \_\_\_\_\_

Date

League Coordinator: \_\_\_\_\_

Date Received: \_\_\_\_\_