



Please PHOTO COPY blank form as required.

1660 Hockey League

NOTICE OF GAME CHANGE

Select all that apply:

Notification by PHONE Notification by FAX Notification by Email

Division:	Please refer to 1660 Regulations as follows:
Tier:	15. Postponements / Rescheduling / 4-Point Games / Forfeits

Original Scheduled Game

_____ VS. _____

Game # _____ Date _____ Time _____ Played at _____

New Scheduled Game

Date _____ Time _____ Played at _____

Reason for game change/comments _____

We the undersigned agree to the above rescheduled "game change".

Home Team Manager

(print) _____

(date) _____

(email) _____

Visiting Team Manager

(print) _____

(date) _____

(email) _____

GOVERNOR'S SECTION Approved Not Approved Notified both teams (faxed)

(P co g) _____ (date) _____

Reasons for not approving _____

