

GAME CHANGE REQUEST FORM

Requesting a game change

1. A request for game change will only be honoured once both teams have agreed on a specific change or both teams agree to leave arrangements to be made by the Athletics Office.
2. Please be sure to complete all relevant sections of the form. Incomplete forms will be returned to the originator.
3. Allow at least 48 hours lead time (most referees associations require 48 hours notice to change what is already in place). As a courtesy to your opponent, allow as much lead time as possible.
4. Once the requested change has been made and verified, a confirmation fax will be sent to both schools.

Email a PDF copy of completed form to HWDSB Athletic Convenor

Middle School _____

Secondary School _____

Sport _____

Boys _____

Junior _____

Girls _____

Senior _____

School Requesting Change : _____ Contact _____

ORIGINAL GAME:

_____ vs. _____ at _____
Visitor Home Location
Date: _____ Start Time: _____ Order of Play: _____

TO BE CHANGED TO:

_____ vs. _____ at _____
Visitor Home Location
Date: _____ Start Time: _____ Order of Play: _____

_____ Opponent has been contacted and agrees with the change(s) noted above

_____ Opponent has been contacted and both teams agree to play as scheduled by the Athletics

Name

Signature

PE Head Signature

Date

Office Use Only

Received

☐

S

☐

R

☐

T

☐

F

Confirmed

GC#