

Game Reschedule Form

This form is to be use	d when rescheduling a RMFH	L league game).	
Division:		Team Requ	Team Requesting game Change	
Head Coach/Manager	Making Game Reschedule Re	equest		
Name: _		Team:		
Reason for change: _				
Original Scheduled G	ame			
Home Team:		Game #		
New Scheduled Game	9			
Home Team: _		Game #		
Visiting Team: _		Date:		
Venue: _		Time:		
Team Authorization w	rith game change as stated ab	ove.		
	Home Team Manager		Visiting Team Manager	
Name: _		Name:		
Signature:				
Date: _		Date:		
RMFHL Executive has	approved the change: Yes	No I	f not approved, please state reason.	
Name: _				
Signature: _				
Date:				

Faxing or email from party to party is acceptable.