



TOWNSVILLE HOCKEY ASSOCIATION MATCH RESCHEDULE REQUEST FORM

Version: 180724

To Competitions Committee,

(Requests to reschedule games must be received by the Competitions Committee at least 21 days prior to the date of the original game time. The completed Request Form can be emailed to info@townsvillehockey.com
The club proposing the change must ensure the full completion of the form before submission)

_____ request that the following game be rescheduled, as detailed below:

(Club name)

Original Date	Day	Time	Division	Team 1	Team 2

Reschedule Date	Day	Time	Umpire 1	Umpire 2

Reason for reschedule request:

Team Coach: _____ Signature: _____

Club Executive: _____ Signature: _____

Opposition Club Agreement

_____ agree to the proposed rescheduling of the above game.

(Club Name)

Team Coach: _____ Signature: _____

Club Executive: _____ Signature: _____

Competitions Committee Use Only

Date Request received: _____

APPROVED / DECLINED (Circle one)

Clubs advised: _____ Signature: _____

Umpire Coordinator advised: _____ Signature: _____

Tech Official Coordinator advised: _____ Signature: _____