



# Central Alberta Hockey League

## Game Change, Postponement or Reschedule Form

Use this form when requesting a game postponement, rescheduling a game or to set the date for a TBA game.

Division: \_\_\_\_\_ Tier \_\_\_\_\_

### Manager or Coach Making Request

Name: \_\_\_\_\_ Team: \_\_\_\_\_

### Original Scheduled Game

Check if this is a TBA Replacement Game

Home Team: \_\_\_\_\_ Game # \_\_\_\_\_

Visiting Team: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

- Check if this is a Postponement Request and reasons for your request below.
- Check if this request is allowed under CAHL Game Regulations 9 (m)

### Replacement Game Slots (2) offered to team - unless teams agree on the first offered game

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

Time \_\_\_\_\_ Time \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

### New Scheduled Game

Home Team: \_\_\_\_\_ Game # \_\_\_\_\_

Visiting Team: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_

### Both teams agree with the change as stated above.

Home Team Manager

Visiting Team Manager

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Governor has approved the change. Yes No

If not approved, please state reason.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Faxing or emailing from party to party is acceptable.