

GAME SWITCH FORM

GAME SWITCH ONLY – (Direct switch with another team, does not require rescheduling of referee's.)

Game Number #

Day:

Date:

Time:

Level:

Arena:

Away Team Name:

Home Team Name:

Game Number #

Day:

Date:

Time:

Level:

Arena:

Away Team Name:

Home Team Name:

Request by (Team Name):

Request by (Name/ Position):

Request by (email address):

Reason for Request: (ie: Smith Falls Tournament – Feb 10-13)

1. Opposition Agreed to Switch: (Yes/No)

Agreed by (Name/Position):

Agreed by (email address):

2. Opposition Agreed to Switch: (Yes/No)

Agreed by (Name/Position):

Agreed by (email address):

3. Opposition Agreed to Switch: (Yes/No)

Agreed by (Name/Position):

Agreed by (email address):