



MASS BAY GIRLS LACROSSE LEAGUE

# Game Change Request

## Scheduled Game Details

|                |  |            |  |
|----------------|--|------------|--|
| Date           |  | Time       |  |
| Home Team      |  | Away Team  |  |
| U9/U11/U13/U15 |  | Field Name |  |

## Game Cancelled Last Minute due to weather/field closure.

\_\_\_\_\_ I have notified the assigned official(s) and the opposing coach.

\_\_\_\_\_ I will reschedule this game at a later date.

## Requested Revised Game Details

|                |  |            |  |
|----------------|--|------------|--|
| Date           |  | Time       |  |
| Home Team      |  | Away Team  |  |
| U9/U11/U13/U15 |  | Field Name |  |

Reason for change request:

## Both coaches must sign this form.

|                         |                         |
|-------------------------|-------------------------|
|                         |                         |
| Home Team Coach         | Away Team Coach         |
|                         |                         |
| Home Team Coach's Email | Away Team Coach's Email |

Before submitting, please make sure this change request doesn't create 2 single games.

Town Directors only. Please email signed form to your division director and copy both coaches a minimum of 1 week prior to your game for approval. Exception is for last minute field closures.