

**SOUTH SHORE CONFERENCE**  
**Change of Scheduled Game Form**

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

1. All game changes must be approved by the League Scheduler
2. The team responsible for the change will also be responsible for all ice costs and all referee and scorekeeper costs for the rescheduled game. The referee and scorekeeper must be paid prior to the start of the rescheduled game.
3. The team that is not making the change will have regular scheduled game ice for its own use.

NOTE: When complete, mail this form with check to Paul Schwabe and send copy to Division VP.  
**A \$25 Fee applies for each change and should accompany this form.**

**Scheduled Game**

Level \_\_\_\_\_

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

Team Requesting Change: \_\_\_\_\_ Town: \_\_\_\_\_

Coach: \_\_\_\_\_ Town: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Opposing Coach: \_\_\_\_\_ Town: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the opposing team want the ice?      **YES**      **NO**

Does the opposing team want the referee & timekeeper?      **YES**      **NO**

If the opposing team does not want the ice, will your program use the ice?      **YES**      **NO**

Does your program want the referee and timekeeper?      **YES**      **NO**

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**RESCHEDULED GAME**

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

Approved by Division VP: Name \_\_\_\_\_ Date: \_\_\_\_\_

Referee Notified:      **YES**      **NO**

Time Keeper Notified:      **YES**      **NO**