

# Game Reschedule Request Form

**Reschedules are not guaranteed!**  
**Both teams and CSP must agree to a new time and date.**  
**This form must be turned in 7 days prior to the original game and be accompanied by a \$20 deposit and written confirmation from both team managers.**  
**Both teams must confirm one week prior to the proposed game time.**

## To be Filled Out by Team Manager

Request Made By

**Manager:** \_\_\_\_\_  
**Team & Division:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

Game to be Changed

**Team Name:** \_\_\_\_\_  
**Division:** \_\_\_\_\_  
**Game Number:** \_\_\_\_\_  
**Game Date:** \_\_\_\_\_  
**Game Time:** \_\_\_\_\_  
**Home Team:** \_\_\_\_\_  
**Visiting Team:** \_\_\_\_\_

Signatures from Both Team Mangers  
If the signature is not on here please attach it to the back of this form.

**Team Manager Signature:** \_\_\_\_\_  
**Team Manager Name (Please Print):** \_\_\_\_\_

**Team Manager Signature:** \_\_\_\_\_  
**Team Manager Name (Please Print):** \_\_\_\_\_

Proposed New Game Time

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

**Office Use Only**  
Confirmation of Time by Requesting Team

Team Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Initial \_\_\_\_\_

Confirmation of Time by Other Team

Team Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Initial \_\_\_\_\_

**Payment Method:** \_\_\_\_\_  
**Received By:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**2 Forms of Written Confirmation:** \_\_\_\_\_