



STATE LEAGUE GAME CHANGE REQUEST

NAME: _____

ADDRESS: _____ ZIP CODE: _____

EMAIL: _____

Home team managers Signature: _____

Opponent Managers Signature: _____

GAME NUMBER _____

Original Match Date	Home Team	Division	Girls <input type="checkbox"/> Boys <input type="checkbox"/>	Opponent	Time	Location
New Match Date	Home Team	Division		Opponent	Time	Location

THIS A RAIN OUT GAME REQUEST – NO FEE

THIS IS AN ELECTED RESCHEDULE WITH \$75 FEE PAID BELOW

VISA # _____ EXP _____

MASTERCARD # _____ EXP _____

IF THIS IS AN ELECTED RESCHEDULE AND YOU DO NOT INCLUDE PAYMENT YOUR REQUEST WILL NOT BE ACCEPTED.