

**LONDON & AREA WOMEN'S SOCCER LEAGUE
GAME CHANGE FORM**

MATCH # _____ **DIVISION** _____

ORIGINAL DATE _____

DAY / TIME _____

HOME TEAM _____

AWAY TEAM _____

REQUEST TO CHANGE TO:

NEW DATE/DAY/TIME _____

HOME TEAM _____

AWAY TEAM _____

We the undersigned, acting as authorized officials of these clubs, agree to change the outdoor season scheduled game as noted above for the following reason:

Requesting Club _____

Date _____

Officials Name _____

Signature _____

Position _____

Opposing Club _____

Date _____

Officials Name _____

Signature _____

Position _____

Any Game Change request must be signed by both clubs and accompanied by a CHEQUE for \$50.00 payable by the requesting club and mailed to Dora Rzeszutek at:

289 Rossmore Court.

London, Ontario N6C 6B8

and received 14 days prior to the request being implemented as per RULE 10.3.