YRAA Game Change Request Form

GAME CHANGED FROM:

SPORT:		LEVEL: Junior ☐ Senior ☐ Both ☐
DATE:	GAME TIME:	LOCATION OF GAME:
HOME TEAM:		VISITING TEAM:

GAME CHANGED TO:

DATE:	GAME TIME:	LOCATION OF GAME:
HOME TEAM:		VISITING TEAM:

REASON FOR CHANGE:

CHANGE REQUESTED BY:	SCHOOL:
	E-MAIL:
VERBAL AGREEMENT RECEIVED FROM OPPOSING COACH(ES). Name(s) must be provided	NAME:
	E-MAIL:
	NAME:
	E-MAIL:

This form must be faxed to the YRAA Office @ 905-470-9092 at least 7 days prior to the requested change.

FOR OFFICE USE ONLY

REQUEST: ☐ GRANTED ☐ DENIED

NOTIFICATION: ☐ COACHES ☐ REFEREE ASSIGNOR

☐ ATHLETIC DESIGNATES ☐ WEBSITE UPDATED

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APPROVED BY DATE