



# MISSOURI HOCKEY YOUTH DIVISION GAME RESCHEDULING FORM B

Original Game Date	New Game Date
Original Time <i>Check One</i> AM <input type="checkbox"/> PM <input type="checkbox"/>	New Game Time <i>Check One</i> AM <input type="checkbox"/> PM <input type="checkbox"/>
Original Location	New Location
Home Team	Visiting Team
Division	Level
<b><u>Contact Information:</u></b>	
Home Coach	Visiting Coach
e-mail	e-mail
Phone #	Phone #

**Please Check to Indicate Completion:**

- Mailed, faxed or e-mailed copy of this game change request to Missouri Hockey at 11648 Gravois Rd., Suite 110, St. Louis, MO 63126 or fax 314-842-6227 or e-mail to [krosemann@mohockey.org](mailto:krosemann@mohockey.org).
- Mailed, faxed or e-mailed copy of this game change request to the appropriate AA, A1, A2, B or GRHL Division Commissioner. Contact information can be found on the Missouri Hockey we site at <http://www.mohockeyyd.org/VolunteersCommissioners.jsp>

**Important:** The rescheduling fee of \$100 must be included with this request if the request is made after the cut off date. Make the check payable to *MAIHA*. Games that are cancelled in accordance with Section C, Item 5 – Rescheduling Procedure of the Missouri Hockey Rules due to weather or rink conditions, do not incur the fee.

**Please contact Tom Woolf at 314-631-3998 or e-mail [wtwoof@swbell.net](mailto:wtwoof@swbell.net) to cancel referees on short notice for these types of conditions.**

Otherwise, rescheduling must be accomplished in accordance with Section C, Item 6 – Rescheduling Procedure as stated in the Missouri Hockey Rules.

I certify that the aforementioned procedures have been followed and I understand that failure to follow these procedures will result in the forfeit of this game by my team.

Signature	Date
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*Requesting Coach or Team Manager*