

North Eastern Ontario Hockey Association

Reschedule Form

Date: _____

The (team name) _____ Division _____

Is applying to change the game originally scheduled for:

(game #) _____ (date) _____ (time) _____

(town)/arena) _____ (vs/team) _____

CHANGE TO:

(date) _____ (time) _____

(town)/arena) _____ (vs/team) _____

Home Team Signatures:

Visiting Team Signatures:

Coach: _____

Coach: _____

Manager: _____

Manager: _____

Date: _____

Date: _____

NOTE:

- Any schedule change must be agreed to by both teams and submitted 14 days in advance of the original scheduled game date
- One copy to each team and one copy to the NEOHA Administrators

Thank you

Fred and Natalie Rivet
NEOHA Administrators
Phone: 705-672-2875
Fax 705-672-2875

E-mail: administrator@neoha-hockey.com