

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

Steven R. L. Vachon
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