

TSL GAME CHANGE REQUEST FORM

DATE OF REQUEST _____
HOST ASSOCIATION _____
REP REQUESTING CHANGE _____
PHONE _____ EMAIL _____

VISITING TEAM _____

DIVISION _____
GAME NUMBER _____
ORIGINAL DATE OF GAME _____ NEW DATE _____
ORIGINAL TIME OF GAME _____ NEW TIME _____

REASON FOR CHANGE REQUEST _____

VISITING TEAM APPROVAL _____
WHO APPROVED CHANGE _____
PHONE _____ EMAIL _____

Send to Todd Young @ toddyoung831@yahoo.com

TSL Commissioner Approval ☐ Yes ☐ No