

# ARSENAL COLORADO

PO BOX 271842 \* FORT COLLINS, COLORADO 80527-1842 \* (970) 226-4253

## GAME CHANGE REQUEST

**IN ORDER TO RESCHEDULE GAMES THROUGH ARSENAL COLORADO (AC), YOU MUST COMPLETE AND SUBMIT THIS FORM. NO REQUESTS ARE GUARANTEED. ANY CHANGE MADE TO THE SCHEDULE WILL BE SUBJECT TO AN AUTOMATIC \$50-\$100 RESCHEDULING FEE THAT WILL HAVE TO BE PAID BEFORE THE GAME IS RESCHEDULED. ALL FEES ARE DEPENDENT ON THE LEAGUE TEAMS ARE PARTICIPATING IN. ALL REQUESTS MUST BE SUBMITTED TO ARSENAL COLORADO'S OFFICE TEN (10) DAYS PRIOR TO THE DATE YOU ARE REQUESTING. ANY REQUEST WITH LESS THAN TEN (10) DAYS NOTICE IS SUBJECT TO AN ADDITIONAL \$50.00 ADMINISTRATIVE FEE.**

<b>GAME #:</b>	
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### Original Scheduled Game Info:

Orig. DATE:		Orig. TIME:	
Orig. FIELD #:			
AWAY TEAM NAME:			
HOME TEAM NAME:			
AGE DIVISION:		GENDER:	Male / Female / Coed
CONTACT NAME:	Coach / Manager :		
CONTACT E-MAIL:			
CONTACT PHONE:			
REASON FOR CHANGE:			

### Game Change Request:

What are you requesting for this game, **MUST CIRCLE ONE**...

<b>POSTPONE GAME</b> <small>Sign and turn in...</small>	<b>RESCHEDULE GAME</b> <small>Fill out Reschedule Info Below ...</small>	<b>CHANGE GAME TIME</b> <small>Fill out Reschedule Info Below ...</small>
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### Game Rescheduling Requests: (if applicable)

	Requested DATE:	Requested START TIME: (time range)
1 <sup>st</sup> CHOICE		
2 <sup>nd</sup> CHOICE		
3 <sup>rd</sup> CHOICE		

**ALL REQUESTS MUST BE DISCUSSED BETWEEN COMPETING TEAMS AND AGREED TO BY THE COACHES BEFORE SUBMITTAL OF THIS FORM!** By receiving this completed form, Arsenal Colorado understands that you (the hosting team) have discussed and agreed upon these requested dates with the opponent.

I expressly understand and agree that the Arsenal Colorado nor any of their officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damage or loss of any other sort to myself or other person in whose behalf this permit is now signed as a result of actual or proposed participation in the above-named program, and I hereby agree to indemnify and hold Arsenal Colorado, their officers, agents, volunteers, assistants or employees harmless on account of any such claim.

<b>SIGNATURE:</b>		<b>DATE SUBMITTED:</b>	
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### TO BE COMPLETED BY ARSENAL CO DIRECTOR OF OPERATIONS

<b>CHECK LIST:</b>	GO:	Approved Date:	
Matrix:	Change:	Approved Time:	
Master:	Email:	Approved Field:	