

SASKATOON MINOR HOCKEY ASSOCIATION ICE TIME CHANGE FORM

www.smha.sk.ca

TEL:244-1363

FAX:653-4020

Team Requiring Change: _____ **Date:** _____

Coach's Name: _____ **Daytime Tel:** _____

Signature: _____ **Fax:** _____

Email: _____

IMPORTANT:

- >Completion of this form is required for any changes to the SMHA League Schedule (games or practices)
- >League games and referees **CANNOT** be cancelled. Any teams failing to show for a scheduled game will default the game, be fined and the coach will receive a minimum suspension of 5 games.
- >Teams that leave a practice ice time slot vacant will be fined the cost of the ice rental.
- >Substitute teams must be from your own division and non-SMHA league teams are **not allowed**.
- >All teams involved in the game change must sign this form
- >Please refer to REGULATION IX-13 of the SMHA Constitution for more information

ORIGINAL GAME / PRACTICE TO BE MISSED:

Division:			Tier/Level:		
DATE	ARENA	TIME	HOME	VISITORS	GAME#

REPLACEMENT GAME / PRACTICE TO BE PLAYED IN ORIGINAL SLOT:

Division:			Tier/Level:		
DATE	ARENA	TIME	HOME	VISITORS	GAME#

ORIGINAL GAME / PRACTICE WILL BE PLAYED:

DATE	ARENA	TIME	HOME	VISITORS	GAME#

TEAMS INVOLVED IN GAME CHANGE:

TEAM NAME: _____	TEAM NAME: _____	TEAM NAME: _____
COACH: _____	COACH: _____	COACH: _____
SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____

**THIS FORM MUST BE COMPLETED AND RECEIVED @ SMHA OFFICE
10 DAYS IN ADVANCE - NO EXCEPTIONS. PLAN EARLY FOR CHANGES**