



**ROPSSAA
GAME CHANGE FORM**

Appendix H

Date _____

TO: fax: 905.890.0771

FROM: _____
Name School

***Faxes must be received, by the deadline given at the pre-season meeting, confirmation within 3 school days to both the contact name and the individual who confirmed the change will be sent by fax.**

SPORT _____

Game(s) to be moved _____ at _____
Visiting Home Level(s)

From _____ to _____
month day time month day time*

Reason : _____

Location (if applicable): _____

School requesting change _____ Contact Name _____

School agreeing to change _____ Contact Name _____

*any start time that is earlier than originally scheduled must be approved by both school principals

Signature of Principal of school requesting _____

Signature of Principal of school agreeing _____

Office Use Only