## SASKATOON MINOR HOCKEY ASSOCIATION **ICE TIME CHANGE FORM** E-mail To: icechanges@sasktel.net PH: (306)244-1363 www.smha.sk.ca Team Initiating Change: Tier/Level: Division: Coach or Manager's Name: Date: Coach or Manager's Signature: Ph. #: E-mail Address: IMPORTANT: Completion of this form is required for <u>any</u> changes to the SMHA League Schedules (games or practices) League games and referees CANNOT be cancelled. Any teams failing to show up 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 SMHA teams. All teams involved in the game change must sign this form. Coach or Manager may sign the form. Please refer to REGULATION 1X-13 of the SMHA Constitution for more information. A. ORIGINAL GAME / PRACTICE SLOT TO BE MISSED: Division: Tier/Level: **DATE ARENA** TIME HOME **VISITOR** GAME# B. REPLACEMENT GAME / PRACTICE TO BE PLAYED IN ORIGINAL SLOT (from "A" above): Division: Tier/Level: DATE TIME HOME VISITOR GAME# ARENA C. ORIGINAL GAME / PRACTICE WILL NOW BE PLAYED: Division: Tier/Level: DATE ARENA TIME HOME VISITOR GAME# Brief description of the change: \_\_\_ TEAMS INVOLVED IN ICE TIME CHANGE: TEAM NAME: TEAM NAME: TEAM NAME: COACH: COACH: COACH:

(PLEASE PRINT CLEARLY)

SIGNATURE:

E-MAIL:

SIGNATURE:

E-MAIL:

SIGNATURE:

E-MAIL:

FORM MUST BE RECEIVED @ SMHA OFFICE AT LEAST 10 DAYS IN ADVANCE.
SCAN & EMAIL FORM TO icechanges@sasktel.net
PLAN EARLY FOR CHANGES!