

# 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 & 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 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**(from above)

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

### **ORIGINAL GAME / PRACTICE WILL NOW 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**