



## Legends Game Change Request Form

**Date Submitted:**

**Division:**

**Home Team Name:**

**Visitor Team Name:**

**Original Field Location:**

**Original Game Date:**

**Original Game Time:**

**Game Number:**

**New Game Date:**

**New Game Time:**

**New Field Location:**

**Coach Submitting Request:**

**Date Received:**

**Approved By**

**Approval Date:**

*\*Game Changes must be received no later than 7 days prior to the original game date. No Exceptions!*

Forms should be emailed to Dana Rabulinski at [psamom@sbcglobal.net](mailto:psamom@sbcglobal.net) or faxed to (866) 384-9931 Attn: Dana Rabulinski, Legends Referee Assignor