



CITY OF SAVANNAH – Athletics Department

P.O. Box 1027 Savannah, Georgia 31402 912-351-3853 Fax: 912-351-3856

GAME CHANGE REQUEST FORM

DATE:

TO: Earl Etheridge, Athletics Administrator

FROM: Team _____ League _____

Coach Name _____ Day Phone # _____

Evening Phone # _____ Fax # _____ E-mail _____

Our team is requesting that the following game be changed:

Original Game Date _____ Number (if applicable) _____

Site _____

Time _____

Opponent _____ Coach _____

Reason for Request of Change *(must be completed to be approved):*

New Game Date Suggestion (if any): _____

Coach's Signature _____

(For Office Use Only)

APPROVED Change Request: _____

DISAPPROVED Change Request: _____

New Game Date: _____

Opponent Contacted: _____

Site: _____

Officials Contacted: _____

Time: _____

Signed _____
**Athletic Administrator or City
Representative**