Intramural Game Rescheduling Form

Re-scheduling Procedures:

1. Rescheduling process must be completed and approved by a KC supervisor 24 hours before the start of the original game time.
2. Request a “Re-scheduling Form” from the Kiernan Center Front Desk or obtain one from the NU Intramural website.
3. Meet with a KC supervisor to determine possible dates and times, the game can be rescheduled to and obtain opponents’ contact information.
4. Contact opposing team’s captain and request to reschedule game to one of the possible days/times provided by KC supervisor. If the opposing team agrees to re-schedule, the team captain must sign the re-scheduling form.
5. Complete form and return to Kiernan Center.
6. If request is approved, a supervisor will inform you of the approved dates and times. It is the responsibility of the captain of the team re-scheduling to inform opponent of the approved new date and time.
7. If the two captains are unable to reschedule the game at a different time, then the game will be played as originally scheduled. If the team making the request is unable to field a team, then that team will receive a pre-arranged forfeit.

Team Requesting Change: ____________________________ Date: ______________

Current game schedule (date/ time): ____________________________

Date(s) and Time(s) for rescheduling: 1st choice ____________________________

2nd choice ____________________________

Reason for rescheduling:
________________________________________________________________________
________________________________________________________________________

______________________________________________ Date
Signature of captain requesting change

______________________________________________ Date
Signature of captain involved in change

Approved _____  Disapproved _____  Initials of KC supervisor

Additional Comments: _________________________________________________

______________________________________________ Date
Signature of captain requesting change

______________________________________________ Date
Signature of captain involved in change

Approved _____  Disapproved _____  Initials of KC supervisor

Additional Comments: _________________________________________________

Save: Kiernan Center\IM Docs\Intramural Forms\Rescheduling-form.doc