



Office Use Only: Date Received: _____ Payment Received: _____
 Date Game Changed in MO Hockey: _____ Date Change sent to MIHOA: _____

MAIHA GAME RESCHEDULING FORM B

Original Game Date _____ New Game Date _____
 Original Time _____ AM / PM New Game Time _____ AM / PM
 Location _____ New Location _____
 Home Team _____ Visiting Team _____
 Division _____ Level _____

Contact Information:

Home Coach _____ Visiting Coach _____
 e-mail _____ e-mail _____
 Phone # _____ Phone # _____

Please Check to Indicate Completion:

_____ Mailed, faxed or e-mailed copy of this game change request to Missouri Hockey at 11648 Gravois Rd., Suite 110, St. Louis, MO 63126 or fax 314-842-6227 or e-mail to krosemann@mohockey.org.

_____ E-mailed request for permission to change game to the Appropriate Division Commissioner for permission

<p><u>Midget Commissioner</u> Larry Bumb (636) 577-6288 bumbs4fun@aol.com</p> <p>Jason Power (618) 530-3531 cell coachpower@hotmail.com</p>	<p><u>Bantam Commissioner</u> Scott Smith budclyde@gmail.com (314) 406-5680</p> <p>Jason Francis sales@kjpropertygroup.com</p>	<p><u>Pee Wee Commissioners</u> Nick Carasello (636) 282-0484 ncarosellojr@yahoo.com</p> <p>John Hinsley (417) 818-3456 jhinsley@hotmail.com</p>
<p><u>Squirt Commissioners</u> Pat Culiberk (618) 644-2686 (618) 530-4487 cell imontheice@hometel.com</p> <p>Ryan Williams (217) 801-1842 cell grnbayfan92@yahoo.com</p>	<p><u>8 and Under</u> Ed Knoll edknoll17@gmail.com</p>	

Important: The rescheduling fee of \$100 must be included with this request if the request is made after the start of the league season for your division/level. Make the check payable to MAIHA.

Games that are cancelled in accordance with Section C, Item 5 – Game Cancellations of the “MAIHA Rules and Regulations Guide” due to weather or rink conditions, do not incur the \$100 rescheduling fee. **Please contact Tom Woolf at 314-631-3998 or e-mail wtwoof@swbell.net to cancel referees on short notice for these types of conditions.** Otherwise, rescheduling must be accomplished in accordance with Section C, Item 6 – Rescheduling Procedure as stated in the “MAIHA Rules and Regulations Guide”.

I certify that the aforementioned procedures have been followed and I understand that failure to follow these procedures will result in the forfeit of this game by my team.

Signature _____
Requesting Coach or Team Manager

Date _____