



-UNIVERSITY of NORTH TEXAS-  
INTRAMURAL SPORTS  
**Game Change / Default Form**



Sport:	Date:
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**To Be Filled Out By Team Captain!!!!**

Team Requesting Change:	
Team Captain:	Phone #:
Email Address:	
Date of Originally Scheduled Game: Date: ___/___/___      Time: _____      Field: _____	
Brief Description For Game Change / Default: _____	
_____	
_____	
_____	

**To Be Filled Out By Recreational Sports Staff Member!!!!**

Opposing Team:	
Team Captain:	Phone #:
Email Address:	
Opposing Team Captain Contacted:      Yes _____      No _____	
Contacted By:      Date:      Time:	
Officials:	Phone #:
	Phone #:
	Phone #:
	Phone #:
Game Rescheduled For:      Date: ___/___/___      Time: _____      Field: _____	
Staff Initials: _____      Date Approved: _____      Date Rejected: _____	