

CATHOLIC LEAGUE SCHEDULE REVIEW FORM

SCHOOL: _____ ATHLETIC DIRECTOR _____

I REVIEWED THE SCHEDULES; NO ADJUSTMENTS ARE NECESSARY.

I REQUEST THE FOLLOWING CHANGES TO OUR SCHEDULE.

These changes have been approved by the athletic director at the opposing school on the noted date. All changes are subject to final approval of the league director and may not significantly alter game times, rotation, etc. Complete all information in each box.

SPORT	LEVEL		OPPONENT	HOME TEAM	DAY - DATE - TIME
		ORIGINAL			
		CHANGE TO:			
REASON FOR CHANGE:				NOTIFIED A.D. ON: / /	

SPORT	LEVEL		OPPONENT	HOME TEAM	DAY - DATE - TIME
		ORIGINAL			
		CHANGE TO:			
REASON FOR CHANGE:				NOTIFIED A.D. ON: / /	

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REASON FOR CHANGE:				NOTIFIED A.D. ON: / /	

RETURN ONE COPY TO CATHOLIC LEAGUE - KEEP ONE COPY FOR YOUR RECORDS