



Intramural Sports Game Change Form



Team Name: _____

Team Captain: _____

Phone: () _____

Email: _____ @wildcats.unh.edu

Sport: _____

Division: Men's / Women's / Co-Rec

Game Day: S / M / T / W / R

Game Date: _____

Game Time: _____

Opponent Team Name: _____

Proposed Game Day(s): _____

Proposed Game Date(s): _____

Please bring a completed copy of this form to the Intramural Staff Office by 3:00PM, one business day before your originally scheduled game.