



## Rescheduling of Game Form

This form must be sent to [GBLscheduling@baseballqld.asn.au](mailto:GBLscheduling@baseballqld.asn.au) within 7 days of when the game was originally scheduled to be played and **must** confirm all details in Part 2.

### PART 1

We wish to reschedule the game listed below:

Round No.	Division	Home Team	Away Team

### PART 2

Please complete the details for the new game:

Date	Time	Location (incl Field #)	Home Team retained?	
			Yes	No

**\*You must have the details for the new game completed before sending to GBLCC, or it will be sent back.**

Home Team		Away Team	
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
	Secretary      President		Secretary      President

Please note: The Secretary or President of both clubs are required to sign this form prior to submission.