INTRAMURAL SPORTS
WASHINGTON UNIVERSITY
IN ST. LOUIS

Rescheduling Request Form

Sport_____ League_____

Our team, _____ and _____

are scheduled to play a game on _____at_____
(day/date) (time)
on court/field #_____.

Our signatures below indicate a desire to postpone this game. **It is understood that the Intramural**
Staff will reschedule the game at their discretion. It is also understood that the IM Office will
reschedule this game only once. If the rescheduled game is not or cannot be played, it will be considered "no game."

_____

Date Team Name Signature

_____

Date Team Name Signature

FOR OFFICE USE ONLY

Contacted [ ]_____

[ ]_____

Game rescheduled for: Date_____

Time_____ Field/Court_____

Signature_____