

This form is to be completed and submitted to the Compliance Office at the earliest possible time when a contest is added, rescheduled, or canceled. This change in your schedule can have effects on sports sponsorship requirements, team travel itinerary, event management staffing requirements, equipment room, etc., and therefore the change needs to be approved and distributed (see below) as soon as possible.

Sport:				<u> </u>	
1. AI	DDING A CONTEST				
Date:		Time:	Location of	Contest:	
Oppo	nent(s):				
Scorii	ng Format:				
2. RE	SCHEDULING A CON	TEST			
Date Changing To:			Date Changing From:		
Locat	ion of Rescheduled Conte	est:			
Time of Rescheduled Contest:		Opponent(s):			
3. CA	NCELLING A CONTE	ST			
Date: Time:		Location of Con	Location of Contest:		
Oppo	nent(s):				
Head	Coach's Signature:			Date:	
not lin (stude excep	mited to sports sponsorshi ent athlete), annual except	p, maximum nu ions, additional r exceptions, da	mber of contests (institution annual exceptions, once-in	n all applicable NCAA rules including buonal), maximum number of contests a-four year exceptions, once-in-three years, first contest date or date of competition	
Sport	Supervisor (Signature)		Date	Compliance Review Initials:	
Sport	Supervisor Review:	Approved _	Denied	Date	
cc:	Athletics Director	SWA	Sports Information	Ticket Office	

Equipment Room

Event Management

Marketing