



MID-EASTERN ATHLETIC CONFERENCE
COMPETITION CHANGE OF DATE FORM

Sport: _____

Date: _____

Home Institution		Head Coach	
Visiting Institution		Head Coach	
Original Date of Competition		Original Time of Competition	
Original Competition Location			
Proposed Competition Date		Proposed Competition Time	
Proposed Competition Location			
Reason for Change			
Additional Comments			

Home Institution Director of Athletics Signature

Date

Visiting Institution Director of Athletics Signature

Date

Note: This agreement is null and void with both Directors of Athletics signatures.

Commissioner's Approval: Approved _____ Denied _____

Additional Comments:

Commissioner's Signature

Date