



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
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CONTEST SHCEDULE CHANGE FORM

(SUBMIT TO COMMISSONER OF OFFICIALS)

HOST SCHOOL _____

SUBMITTED BY _____

PHONE NUMBER _____

DATE SUBMITTED _____

<u>CHECK ONLY ONE</u>	<u>CHECK ONLY ONE</u>
<input type="checkbox"/> Badminton	<input type="checkbox"/> Softball
<input type="checkbox"/> Baseball	<input type="checkbox"/> Swim & Dive (Boys)
<input type="checkbox"/> Basketball (Boys)	<input type="checkbox"/> Swim & Dive (Girls)
<input type="checkbox"/> Basketball (Girls)	<input type="checkbox"/> Tennis (Boys)
<input type="checkbox"/> Cross Country (Boys)	<input type="checkbox"/> Tennis (Girls)
<input type="checkbox"/> Cross Country (Girls)	<input type="checkbox"/> Track (Boys)
<input type="checkbox"/> Football	<input type="checkbox"/> Track (Girls)
<input type="checkbox"/> Golf (Boys)	<input type="checkbox"/> Volleyball (Boys)
<input type="checkbox"/> Golf (Girls)	<input type="checkbox"/> Volleyball (Girls)
<input type="checkbox"/> Soccer (Boys)	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Soccer (Girls)	

CHANGE HOME CONTEST ONLY/LIST ONE SPORT PER FORM

DAY OF WEEK	DATE	HOME TEAM	VISTING TEAM	TIME	DOUBLE HEADER	VARSITY JV FROSH	TYPE OF CHANGE <small>(i.e. addition to schedule, cancellation, time- to/from, date - to/from)</small>