

APPENDIX H

Master Schedule Change Form Procedures

1. The intent of the form and procedures is to make sure all parties are notified of any schedule changes and to facilitate communication among all constituents regarding dates, times and sites of competition. Of particular importance are teams that are traveling to the site, officials assigned to the contest(s) and MWC television partners.
2. The host institution will establish the original game time (subject to possible game determinations by MWC television partners).
3. The Conference office will establish (from information provided by the member institutions and/or existing Conference formats) a master schedule for each sport in which there is regular-season Conference competition. Once distributed, the Master Schedule Change Form is necessary for changes to game dates and locations. Additionally, a composite schedule with game times provided by the host institution (listed in the local time) will be distributed. Once the composite schedule is distributed, the Master Schedule Change Form is necessary for changes to game dates, locations as well as times.
4. As outlined on the Master Schedule Change Form, the following instructions shall be followed in utilizing the form:
 - a. The institution initiating the change must complete its portion of the form, then mail or fax the form to the other institution for completion.
 - b. Once completed, the form must be mailed or faxed to the Conference office.
 - c. An email will be sent to the institutional administrators, coaches and other appropriate personnel after approval by the Conference office.
 - d. The form must be completed and signed by a designated athletic administrator at BOTH institutions involved in a schedule change before the requested change is accepted by the Conference office.
 - e. The form should be filed with the Conference office for every game site, date or time change requested in a Conference event.
 - f. Multiple forms must be filed with the Conference office for schedule changes affecting more than two teams or when schedule changes are requested in two or more different sports.
5. The policies outlining the types of changes that are permitted in each sport can be found in the respective sports' MWC Game Management Handbook.
6. Please use the form to notify the Conference office of changes in non-conference schedules. However, both institutions signatures are not required.
7. "Last minute changes" (i.e., night before or day of game) should be handled on site and the execution of the Master Schedule Change form is not necessary. All appropriate parties (including the Conference office) should be notified by telephone, fax or e-mail of the change(s).
8. The Conference office will notify game officials of schedule changes (via its officiating coordinator) in those sports in which it assigns officials. In other sports, it is the responsibility of the host institution to notify the officials it has contracted.
9. Agreement to a request for a date or time change shall not be unreasonably withheld by any party. If the parties cannot mutually agree, the Conference office will mediate the dispute.



MASTER SCHEDULE CHANGE FORM

This form must be completed and signed by a designated athletic administrator of **BOTH** institutions involved in a master schedule change before the requested change is accepted by the Conference office. This form should be filed with the Conference office for every game site, date or time change requested in a Conference event. Multiple forms must be filed with the Conference office for schedule changes affecting more than two teams. Also, multiple team forms must be filed when schedule changes are requested in two or more different sports.

INSTRUCTIONS:

1. INITIATING INSTITUTION MUST COMPLETE ITS PORTION OF THE FORM AND THEN MAIL OR FAX THE FORM TO OTHER INSTITUTION FOR COMPLETION.
2. ONCE COMPLETED, THE FORM MUST BE MAILED OR FAXED TO THE CONFERENCE OFFICE.
3. EMAILS WILL BE SENT TO ADMINISTRATORS AND COACHES AFTER APPROVAL OF CONFERENCE OFFICE.

SPORT: _____ REQUEST MADE BY: _____
Name and Institution

ORIGINAL SITE/DATE/TIME

Date	Home Team	Visiting Team	Site	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NEW SITE/DATE/TIME

Date	Home Team	Visiting Team	Site	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REASON FOR CHANGE: _____

As the designated athletic administrator responsible for this sport at my institution, I approve of this requested change.

Home Team's Designated Administrator's Signature: _____

Date: _____

Visiting Team's Designated Administrator's Signature: _____

Date: _____

Conference Office Approval: Yes No

Date: _____

Please mail, fax or email Master Schedule Change Forms to Carrie Coll, Associate Commissioner
 15455 Gleneagle Drive, Suite 200, Colorado Springs, CO 80921 Fax: 719-487-7240 Email: ccoll@TheMWC.com