Season Fixture Change Request Form

To be valid this form must be completed in full and signed by both clubs. Communication on signing this form must also be recorded by copying membership into the emails. Once complete please return to membership@britishwheelchairbasketball.co.uk at least 21 days prior to the original fixture date.

Name of Team responsible for requesting fixture change: *(This is also the team responsible for £15 admin fee if requested with less than 21 days' notice.)*			
Reason for fixture change request: *(Please stick to facts and relevant information)*			
Fixture Information			
Home Team:			
Away Team:			
Division:			
Original Date:		Proposed Date:	
Original Tip Time:		Proposed Tip- time:	
Original Venue:			
Proposed Venue:			
Requesting Team Signature			
Requesting Team Contact Name:			
Requesting Team Contact email address:			
Signed by:			
Consenting Team Signature			
Consenting Team Contact Name:			
Consenting Team Contact email:			
Signed by:			
Membership Team Agreement			
Staff Name:			
Signed by:			