



# Thames Valley Regional Athletics

## SPECIAL GAME TIME APPROVAL FORM

SPORT \_\_\_\_\_ LEVEL (√) JR \_\_\_ SR \_\_\_ JR/SR \_\_\_

PARTICIPATING SCHOOLS: \_\_\_\_\_

**PROPOSED DATE:** \_\_\_\_\_ **Time:** Jr: \_\_\_\_\_ Sr: \_\_\_\_\_

Visitor: \_\_\_\_\_ Home: \_\_\_\_\_

Location: \_\_\_\_\_

### SIGNATURES:

**SCHOOL A :** \_\_\_\_\_

_____	_____
Sr. Coach	Jr Coach (if applicable)
_____	_____
Athletic Director	Principal

**SCHOOL B :** \_\_\_\_\_

_____	_____
Sr. Coach	Jr Coach (if applicable)
_____	_____
Athletic Director	Principal

CONVENOR APPROVAL (√) YES \_\_\_\_\_ NO \_\_\_\_\_

CONVENOR RECEIVED (date): \_\_\_\_\_