



Isle of Man Indoor Bowling Association
www.iomindoorbowling.org

MATCH REARRANGEMENT APPLICATION / NOTIFICATION

Rearrangement requested by (name of team / individual): _____

Opponent/s: _____

League: _____

Scheduled match date: _____

Proposed alternative date/time: _____

Reason for rearrangement: _____

Signed (Applicant / Captain): _____

Signed (Opponent): _____

COMMITTEE APPROVAL

Approved / Denied: _____

Date: _____

Signed: _____

Please email to sec@iomindoorbowling.org or hand to a Committee Member