

FIXTURE CHANGE REQUEST FORM 2025/26

**Note: this form must be fully completed and sent to the NLMC on competitions@volleyballireland.com in order to review and approve fixture changes (please refer to the Competition Rules).
Otherwise a request may be refused or delayed.**

Please indicate what type of fixture you are requesting to change:	
League: <input style="width: 40px; height: 25px;" type="checkbox"/>	Association Cup/Shield: <input style="width: 40px; height: 25px;" type="checkbox"/>
Other Match: <input style="width: 40px; height: 25px;" type="checkbox"/>	
Fixture Change Details:	
Club Team Name (include division if league):	
League Week# / Cup Round#:	
Opposition:	
Is your team the home team?	
Original date & warm-up time:	
Original Venue:	
New proposed date & warm-up time:	
New Venue:	
Please provide the reasons why your team is requesting this change and why this was unable to be done during the pre-season rescheduling window:	
Have you been in touch with the opposition, via club secretary or team rep to discuss this change? If yes, please provide information on the correspondence (this is only for informational purposes only; this step does not have to be done beforehand) including the timing of such correspondence, etc.:	
Please list below (and attach documents to email clearly labelled) any extra information you may have to support the above reason for changing fixtures e.g. emails:	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> Club Secretary </div> <div style="width: 30%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> Club Name </div> <div style="width: 30%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> Date </div> </div>	