

# JCC - 2019 Game Reschedule Request Form



Coach: \_\_\_\_\_ E-mail: \_\_\_\_\_

Grade: \_\_\_\_\_ Division (If applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Original Game Date & Time: \_\_\_\_\_ Original Game Building (circle): Chesterfield or Creve Coeur \_\_\_\_\_

Fee Enclosed \$50.00 ☐ Check # \_\_\_\_\_  
(payable to JCC)

☐ Charge my credit card on file  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*Payment must be submitted along with form to be considered

Signature \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

\_\_\_\_\_  
COACH'S SIGNATURE

\_\_\_\_\_  
DATE

By signing this form, I agree and acknowledge the following:

\*One Reschedule Request Allowed (*Emergency Only*)

\*To be considered, reschedule form along with a \$50 fee must be submitted in 14 day advance notification to the league supervisor.

\*League will give two alternate options to play. If date not mutually agreed upon, the game will be declared a forfeit for team requesting reschedule & money will be refunded.