

JCC 2019 - High School Summer League

Coach: _____ E-mail: _____ Cell Phone: _____
 Address: _____ City: _____ Zip: _____



June 15th to August 11th - No program July 6th and 7th									
\$425 before 5/31, \$500 after									
Self Ranking System (1 being worst, 10 being best)									
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Grades may be combined due to enrollment.

*The league has a maximum capacity for teams.

*The roster must be submitted along with the full registration fee to league coordinator to secure a spot.

Total Fee Enclosed \$ _____	
<input type="checkbox"/> Charge my credit card	<input type="checkbox"/> Check # _____ (payable to JCC)
Credit Card # _____	Exp. Date _____
Signature _____	
Name as it appears on card _____	

(PLEASE PRINT LEGIBLY)

1	PLAYER NAME	Grade	DOB	ADDRESS	CITY	ZIP	PHONE	E-MAIL	J Member (yes or no)
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

COACH'S SIGNATURE

DATE