

JCC - 2017 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.