

JCC - Game Re-Schedule Form



Coach: _____ E-mail: _____

Grade: _____ Cell Phone: _____

Original Game Date & Time: _____

Original Game Building (circle): Chesterfield or Creve Coeur _____

Fee Enclosed \$60.00

☐ 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 _____ Zip: _____

Name as it appears on card _____

COACH'S SIGNATURE

DATE

**One Reschedule Request Allowed (Emergency Only)*

**To be considered, reschedule form along with a \$60 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.*