

# JCC - 2022 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 \$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

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

**\*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.**