



DUE AUG 8 by 5:00pm
 221 SPENCER RD., SUITE A
 ST. PETERS, MO. 63376
 FAX 636-498-5485 OFFICE 636-498-1056

SCHEDULING INFORMATION

Team Number: _____ Age Group: U Boys Girls
 Coach: _____ Phone: (Cell) _____

Team's geographic location: _____

My team requests 2 games in one day for travel reasons:

- Team preference for this: Schedule my team with 1.5 hours between games
 Schedule my team with 3 hours between games

 Original schedule will run approx. Sept 6 thru Oct 26. Make ups may fall into Nov.

Please circle - my team CAN NOT play on M , T , W , TH , F (for makeups)

List all dates and time of day restrictions: PRINT blue or black pen CLEARLY

Sept 13-12:00 indoor game
 Oct 4-no game before noon

Circle 2 days that you are requesting to not have games scheduled on calendar below.

September						
						6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16						

We attempt to honor every request, but only 2 complete days are guaranteed.

If you **head coach** multiple teams in SCCYSA please list team numbers & age groups below:
 Team # _____ age _____ Team # _____ age _____