Due: AUG 1, 2012 (NO EXCEPTIONS!)

221 SPENCER RD., SUITE A
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COMPETITIVE SCHEDULING INFORMATION

Club Name:_____

Age Group:_____ Boys ☐ Girls ☐

Coach:_____ Phone: (H)_(___)_____
(CELL)_(___)_____

☐ Check the box, 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

Please circle - my team CAN NOT play on MON, TUES, WED, THUR, FRI (for makeups)

ALL HIGH SCHOOL games will be played during the week and on Sunday

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Original schedule will run approx. Sept 8 thru Oct 27, if needed please circle 2 unavailable days during these dates.

SEPT						
S	M	T	W	T	F	S
						8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCT						
S	M	T	W	T	F	S
	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~~			

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If needed, we also allow 2 unavailable **days** during Nov

NOV						
S	M	T	W	T	F	S
				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	

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

Team #_____ age_____ Team #_____ age_____