OKUN FIELDHOUSE VOLLEYBALL CONFLICT FORM

For use only if your request was not submitted online at the time of registration.

To be taken into consideration, this form must be turned in to the Okun Fieldhouse office, or email sent to stephanie.chase@jocogov.org by the final registration deadline: August 5.

Team Name_____

Grade _____

anager Name	Email	Cell Phone
Sunday Augu Sunday Septe Sunday Septe Sunday Septe Sunday Octol Sunday Octol Sunday Octol	ember 9 ember 16 ember 23 ember 30 per 7 per 14 per 21 Start Times	 Please communicate with all of your players and parents <u>BEFORE</u> submitting this form. Chances are, there is a date that you will be missing too many players to field a team. Your team will play on 5 of the dates listed to the left. Your team is allowed to report 1 conflict date. This date will be excluded from your schedule. Games cannot be rescheduled once the schedule has been released.
	o field a team for any scl	5 to be taken into consideration. heduled game, a forfeit may be the only option. tee includes all forfeits.
		ICT DATE: Distribution Time Requests.)
All	other listed dates for your	division will be available for play.
If your volleyball <u>T</u>	AM is also a JCPRD fall fastp	2 to be taken into consideration. itch <u>TEAM</u> , and you would like us to <u>ATTEMPT</u> to avoid games on Sundays, please provide the following:
of Players on Volleyball	Team # of Playe	ers that also play on the Fastpitch Team
ASTPITCH team age gro	ıp	
ASTPITCH team name		
STPITCH team coach		