---------- Field Allocation Request Form ----------

Season: Spring (Feb/Mar to Jun) Fall (July to Oct/Nov)

Organization: _____

President Name: _____

** Allocations are for practices and games only. Clinics, camps, tournaments, and special events require a separate request and may incur field rental fees. (Definition of clinics, camps, tournaments, etc: Any event that requires an additional fee for participation)*

Day	Date	Field	Start time	End Time	Use of field (i.e. Practice, game, etc)
Tues	*3-Apr*	*BCP 4*	*4:30pm*	*6:30pm*	*Practice -- (Example)*

PLEASE LET US KNOW OF ANY ADDITIONAL FIELD ALLOCATION NEEDS OR SPECIAL EVENTS

(opening/closing day, tryouts, tournaments, camps, clinics, etc. Additional paperwork and rental fees may be required)

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If additional request space is needed, please attach a second form.