FIELD AVAILABILITY

(Out of District)

** KIDSPORTS will use this form and attempt to schedule half of your games on your home field.**

TEAM NAME: _____

AGE: U12 U14 U18 GENDER: B G

HEAD COACH: _____

NAME OF FIELD: _____

LOCATION OF FIELD: _____

_____ (address, cross streets, etc)

Please list dates and times the field is available for your home games (be specific, i.e. June 23, 5:00 pm to 9:00 pm)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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