	FIELD REQUEST TYPE:	YOUTH SEASONAL PROGRAM	ADULT SEASONAL PROGRAM	CLINIC/CAMP	TOURNAMENT
CONTACT EMAI	L				
CONTACT PHON	NE				
CONTACT NAM	E				
ORGANIZATION	l				

^{*}A DAILY WELNEES FORM WILL BE REQUIRED DAILY FOR EACH PLAYER, COACH, AND SPECTATOR/PARENT THAT REMAINS ON THE FIELD*

					# OF PLAYERS	# OF	# OF COACHES
TEAM/COHORT	FIELD/AREA	DAY(S)	DATE(S)	TIME(S)	ON EACH	TEAMS/COHORTS	
NAME	REQUESTED	REQUESTED	REQUESTED	REQUESTED	TEAM/COHORT	PER TIMESLOT	TEAM/COHORT

^{**}CURRENT STATE REGULATIONS LIMIT COHORTS TO 10 PLAYERS PER COHORT WITH A MAXIMUM OF 25 PLAYERS PER FIELD OR AREA**