

PRACTICE REQUEST FORM

All practices are to be held at Fieldhouse USA. Any off campus practice must be approved by all parties associated with team.

TEAM NAME (Please Print): _____

COACH'S NAME: _____

SPORT: _____

Grade/Age Level: _____ Gender: _____

Day of the Week:

Time (on the hour):

1st Choice _____

2nd Choice _____

3rd Choice _____

Circle One: Full Court Practice Half Court Practice

Multiple Teams' Request:

2nd Team Name (If coach has more than one team): _____

Check if you prefer:

- BOTH teams to practice on the SAME night, SAME time
- BOTH teams to practice on the SAME night, DIFFERENT time
- BOTH teams to practice on DIFFERENT nights

(Practices are reserved for one full hour)