



For LGSL BOD Use Only:	
Registration Number:	_____
Registration Time:	_____

House/Revolution Team Practice Request Form

Please PRINT legibly!!!

If this form can not be read (or is not filled out correctly) it goes to the bottom of the stack!!!

Team Name: _____ **Division:** _____

Head Coach Name: _____ **Home Phone:** _____

Email Address: _____ **Cell Phone:** _____

Assistant Coaches Name(s) if known: _____ **Email:** _____

**** My choices for Practice Days (Mon - Fri or Sunday) 1 practice per week**

Day of Week (Mon - Fri) OR (Sunday anytime):

Monday - Friday 1 1/2 hour practice / Sunday 2 hour practice slot

<u>Monday - Friday</u> Time-Slot (circle one): 5:00pm - 6:30pm or 6:30pm - 8:00pm
Sunday Time Slot: Fill in Time: _____

Please list the closest Elementary School (only ONE) to the HEAD Coaches house on the line below:

1st Choice of DAY: _____

2nd Choice of DAY: _____

3rd Choice of DAY: _____

Preferred (pre-season) practice time on Saturdays Rank the Choices 1, 2 & 3:

Morning _____ Mid-Day _____ Late Afternoon _____

** FYI - Normal Game Schedule by Division. This will impact the practice day you will receive. 8U and older will play between 2 and 3 games per week.	6U	Saturdays Only
	8U	Mondays and Saturdays with an occasional Friday
	10U	Tuesdays and Saturdays with an occasional Friday
	12U	Wednesdays and/or Thursdays PLUS Saturdays
	Seniors	Wednesdays and/or Thursdays PLUS Saturdays

We cannot guarantee that you will get your 1st choice, however, we will try to get everyone their first or second choices. If you have any problems with your given practice, please contact your commissioner or your league scheduler.