

Date Received: \_\_\_\_\_

# 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.\**

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**TEAM NAME** (Please Print):

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**COACH'S NAME:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_

Grade/Age Level: \_\_\_\_\_ Gender: \_\_\_\_\_

**Day of the Week:**

**Time** (on the hour):

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

**Circle One:**      Full Court Practice (\$225)      Half Court Practice (included)

**Multiple Teams' Request:**

2<sup>nd</sup> Team Name (If coach has more than one team):

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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)