

M *Castle Pines North* **METROPOLITAN DISTRICT**

Field Reservation Request Form

Phone 303-242-3267

Fax: 303-688-2529

Email: patty@cpnmd.org or susan@cpnmd.org

Season – Fall - 2010

Sport: Soccer Baseball Football LaCrosse Other

(circle one)

League: _____ Age of Team: _____

Contact Name: _____ Contact Address: _____

Contact Phone: _____ Contact Email: _____

Team Name: _____

Field reservations will be **on the ½ hour**, from 9:30 a.m. through 8:30 p.m. Monday-Sunday. Request forms will be accepted from 7/01/10 through 7/23/10. Fields will be assigned the 1st week of August 2010 and play on fields will begin no earlier than 8/09/10 and end no later than 10/31/10.

A one-hour practice time per week will be assigned to you.

Weeks Field will be needed: From week of ___/___/2010 to ___/___/2010

Please list IN ORDER OF PREFERENCE, the day of the week and time (in one hour increments) that you would prefer. Field choices: Daniel's Gate, Coyote Ridge, Retreat.

Priority # Field Preference Day of Week Time

1. _____

2. _____

3. _____

4. _____

For Internal Use Only:

Field Assignment: _____

Field _____ Day of Week _____ Time _____