

Castle Pines North Metro District  
Field Reservation Request Form  
Phone 303-242-3267  
Fax: 303-688-2529

Email: [patty@cpnmd.org](mailto:patty@cpnmd.org) or [susan@cpnmd.org](mailto:susan@cpnmd.org)

Season – Spring/Summer- 2012

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 received from 1/9/12 through 2/24/12. Fields will be assigned the 1<sup>st</sup> week of March 2012 and play on fields will begin no earlier than 3/12/12.

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

Weeks Field will be needed: From week of \_\_\_/\_\_\_/2012 to \_\_\_/\_\_\_/2012

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
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

For Internal Use Only:

Field Assignment: \_\_\_\_\_

Field	Day of Week	Time
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