

Complete this form and email it back to Conni at
CocoaBeachEvents@Gmail.com or Fax it to 855-386-3836

High School Schedule Request Form



School Name:				State:		
Coach Name:		Coach	ema <u>il:</u>			
ork phone: Cell phone:		State Athletic affiliation:				
Circle your sport and tea	am (subm	nit 1 request for each tea	ım you are b	ringing)		
<u>Baseball</u> <u>S</u>	oftball Varsit	<u>JV</u>	<u>Freshm</u>	<u>en</u>		
School student enrollme Games are set for these	nt: time limits: Varsity 2 hours	Last years record: s played out, JV, Scrimm		ctices 1.5 h	nours drop dead	
Date/Day	# of G	# of Games requested		Practice request		
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Date/Day	# of G	Games requested		Practice request		
Date/Day	e/Day# of Games requested		Practice request			
Date/Day	# of G	ames requested	es requested		Practice request	
Requested Day off:	equested Day off: Arrival Day:		Departure Day:		y: _	
Please answer the follow						
	your requested day off?		Yes	No		
,	to Disney or another field?		Yes		(approx.1 hr.away)	
Are you willing to scrimmage a team? Are you willing to practice with a team? No		a a red c	Yes	No		
Can your Varsity, JV and/or Freshmen teams play at the same time or day?			Yes	No Yes	No	
The final schedule shall be a co	odated to the best of our ability. Ontract to play games which will by you do not submit a schedule requ	enefit all teams in our prograr	n. Any outside	games will be	ı.	
Coaches Signature			Date			