



Please complete this form and email it to  
[CocoaBeachEvents@Gmail.com](mailto:CocoaBeachEvents@Gmail.com)  
 or fax to 1-855-386-3836  
 Questions? Call Conni at 321-368-8848  
**College Schedule Request Form Page 1**



**\* Games will NOT be scheduled until we receive your application, registration fee and deposit (\$1045.00)**

School Name: \_\_\_\_\_ State: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Division \_\_\_\_\_ Conference \_\_\_\_\_ Last years record \_\_\_\_\_

**Additional Games and practices can be scheduled on the back of this sheet.**

Date/Day \_\_\_\_\_ # of Games requested \_\_\_\_\_ \*Preferred start Time \_\_\_\_\_

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Date/Day \_\_\_\_\_ # of Games requested \_\_\_\_\_ \*Preferred start Time \_\_\_\_\_

**Tie Breaker rules after 7th inning**

**Additional Games and practices can be scheduled on the back of this sheet.**

***Teams are to provide 1 new ball per pitcher and 2 used balls per game.***

**Please answer the following questions**

- |  |     |    |                    |
|--|-----|----|--------------------|
| Will you play a team outside of your division?           | Yes | No |                    |
| Are you willing to switch your requested day off?        | Yes | No |                    |
| Are you willing to travel to an another field for games? | Yes | No | (approx.1 hr.away) |
| Do you want JV games?                                    | Yes | No |                    |

**If there are teams you will not play list them on the back of this Form**

Your requests will be accommodated to the best of our ability. **Game schedules are released 3 weeks prior to your arrival.**  
 The final schedule shall be a contract to play games which will benefit all teams in our program. Any outside games will be secondary to this schedule. **If you do not submit a schedule request prior to Jan.1st your games will be set at our discretion.**

\_\_\_\_\_  
 Coach's signature

\_\_\_\_\_  
 Date

**\* Games will NOT be scheduled until we receive your application, registration fee and deposit (\$1045.00)**

**\* Preferred Start times are taken into consideration but can not be guaranteed.**



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**College Schedule Request Form Page 2**



**\* Games will NOT be scheduled until we receive your application, registration fee and deposit (\$1045.00)**

School Name: \_\_\_\_\_ State: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

ADDITIONAL GAMES REQUEST

Division \_\_\_\_\_ Conference \_\_\_\_\_ Last years record \_\_\_\_\_

Date/Day \_\_\_\_\_ # of Games requested \_\_\_\_\_ Preferred start Time \_\_\_\_\_

Date/Day \_\_\_\_\_ # of Games requested \_\_\_\_\_ Preferred start Time \_\_\_\_\_

Date/Day \_\_\_\_\_ # of Games requested \_\_\_\_\_ Preferred start Time \_\_\_\_\_

**Tie Breaker rules after 7th inning**

Teams are to provide 1 new ball per pitcher and 2 used balls per game.

PRACTICE REQUEST

**Practices are set for 1.5 hours from time on to time off the field**

Date/Day \_\_\_\_\_ Preferred start Time \_\_\_\_\_

Date/Day \_\_\_\_\_ Preferred start Time \_\_\_\_\_

List Teams below that you will not play- BE SPECIFIC

<u>School Name</u>	<u>Region</u>	<u>Division</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____