

**APPLESEED YOUTH SOCCER ASSOCIATION
FIELD AVAILABILITY INFORMATION**

CLUB NAME: _____

CLUB CONTACT: _____
NAME:

Address: _____

City: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____

Field Name: _____

*please use separate form for each field

Exact Street Address: _____

City: _____ Zip Code: _____

Please attach a copy of a map to all of your fields that AYSA will be using.

Earliest date field is available for play: _____

Latest date field is available for play: _____

Daily availability (during season – September & October)

Monday _____ *Special Notes

Tuesday _____

Thursday _____

Friday _____

Saturday _____

Availability Exceptions

Special dates during the season when the above field may not be scheduled for league games' in addition to the TIMES blocked above.

Date 1: _____ Date 2: _____

Date 3: _____ Date 4: _____