FIELD USE REQUEST FORM

Challenging Superior Players in Minnesota since 1988

Complete each section below. Incomplete Forms will be returned to Primary Contact Person.

Organization/Team Name: _____

Organization Website: _____

Primary Contact Person: _____ Email Address: _____

Mailing Address (include Apt/Suite): _____

City: _____ State: _____ Zip Code: _____

Phone (include Area Code: (Day)_____ (Eve) _____ Fax: _____

Secondary Contact Person: _____ Email Address: _____

Mailing Address (include Apt/Suite): _____

City: _____ State: _____ Zip Code: _____

Phone (include Area Code: (Day)_____ (Eve) _____ Fax: _____

Age Group:_____ Number of Teams: _____

Name of Field (with Legal Address)	Division	Start Time	End Time	Lights (Y/N)	Maximum Base Length

April

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Place an **X** on dates the field is available for the Minnesota Baseball Alliance to use. In the white section. You can combine age groups just be sure to note it on form.

Do not fill out different form for same field.

May

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	31	31	

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