

Baseball / Softball Field Request Form
 Season 2019
 March 1st – July 31st

Team Name: _____ Age Division: _____

Coach Name: _____

Coach email: _____

Coach cell: _____

of Players that are St. Peter Parishioners: _____
 (Note: field reservation priority will be given to those teams that have at least one parishioner player)

Approximate Start Date of Practices: _____

Field Requested (Please circle one. If able to use either, please circle both)

Baseball

Softball

Number of Practice Slots You are Requesting: _____

Practice Slot Preferences: Please check slot(s) that you would be available to practice.

Times:	Monday	Tuesday	Wednesday	Thursday	Friday
3:30 pm – 5:30 pm					
5:30 pm – 7:00 pm					
7:00 pm – 8:30 pm					

Times:	Saturday	Sunday
9:00 am – 11:00 am		
11:00 am – 1:00 pm		
1:00 pm – 3:00 pm		
3:00 pm – 5:00 pm		
5:00 pm – 7:00 pm		

Note: The baseball field is closed Sundays during Adult Softball Seasons

Note: Practice time slots will be adjusted during the week, per available daylight hours, so that each time receives equal amount of field time.