

FORT COLLINS SOCCER CLUB

PO BOX 271842 * FORT COLLINS, COLORADO 80527-1842 * (970) 226-4253

FIELD RESERVATION REQUEST

IN ORDER TO RESERVE A FIELD THROUGH THE FORT COLLINS SOCCER CLUB (FCSC) FOR MAKE-UP GAMES, YOU MUST COMPLETE AND SUBMIT THIS FORM. NO REQUESTS ARE GUARANTEED. ALL REQUESTS MUST BE SUBMITTED TO THE FORT COLLINS SOCCER CLUB OFFICE TEN (10) DAYS PRIOR TO THE DATE YOU ARE REQUESTING. ANY REQUEST WITH LESS THAN TEN (10) DAYS NOTICE IS SUBJECT TO A FIFTY DOLLAR (\$50.00) ADMINISTRATIVE FEE.

GAME #:	
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Original Scheduled Game Info

Orig. DATE:		Orig. TIME:	
Orig. FIELD #:			
AWAY TEAM NAME:			
HOME TEAM NAME:			
AGE:		GENDER:	Male / Female / Coed
CONTACT NAME:	Coach / Manager :		
CONTACT E-MAIL:			
CONTACT PHONE:			
COMMENTS:			

Game Scheduling Requests

	Requested DATE:	Requested START TIME: (time range)
1 st CHOICE		
2 nd CHOICE		
3 rd CHOICE		

ALL REQUESTS MUST BE DISCUSSED BETWEEN COMPETING TEAMS AND AGREED TO BY THE COACHES BEFORE SUBMITTAL OF THIS FORM! By receiving this completed form, the Fort Collins Soccer Club understands that you (the hosting team) have discussed and agreed upon these requested dates with the opponent. It is the responsibility of the HOME TEAM to notify the opponent of any scheduling changes.

I expressly understand and agree that the Fort Collins Soccer Club, a Colorado corporation, nor any of their officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damage or loss of any other sort to myself or other person in whose behalf this permit is now signed as a result of actual or proposed participation in the above-named program, and I hereby agree to indemnify and hold the Fort Collins Soccer Club, their officers, agents, volunteers, assistants or employees harmless on account of any such claim.

SIGNATURE:		DATE SUBMITTED:	
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TO BE COMPLETED BY FORT COLLINS SOCCER CLUB

CHECK LIST:	GO:	Approved Date:	
Matrix:	Change:	Approved Time:	
Master:	Email:	Approved Field:	