

# ESCONDIDO GIRLS SOFTBALL LEAGUE REQUEST FOR ALTERNATE PRACTICE FIELD

***THIS FORM ONLY TO BE USED IF REQUESTING A FIELD  
OTHER THAN ONE ASSIGNED BY EGSL***

Coach

Division

*I am requesting EGSL to provide insurance coverage for the following alternate practice field for the current Recreational Season*

Dates

Practice Days and Times

Field Location

Field Owner's Name

Owner's Address (If Different from Field Location)

*Field owner hereby gives permission to the team coach to practice on field location mentioned above.*

Signature of Field Owner

Date

Signature of Coach

Date

Signature of Division Director

Date

Signature of Scheduler

Date