

# 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**

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Coach

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Division

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

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Dates

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Practice Days and Times

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Field Location

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Field Owner's Name

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Owner's Address (*If Different from Field Location*)

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

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Signature of Field Owner

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Date

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Signature of Coach

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Date

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Signature of Division Director

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Date

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Signature of Scheduler

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Date