

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