



TOWN OF SYLVAN LAKE
A Town For All Seasons

**2007 Sports Field Season -
 Field Request Form**

Organization (Club) Name: _____

Organization Mailing Address: _____

Organization Scheduler: _____

Contact Phone #: (H) _____ (W) _____ (C) _____

Email: _____

Please indicate the numbers of hours for each day and the field that your organization is requesting.

Day of Week	Number of Hours Requested	Facility / Field Requested
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

This is your organization / team's formal request for sports fields. Verbal requests and "same as last year" requests WILL NOT BE ACCEPTED. If you have any supplementary material, please attach it and submit the completed package by March 25, 2007.

Request Submitted by:

 Name (Please Print)

 Signature

 Date

Office Use Only:

Received by: _____ Date: _____

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