



River City Soccer Club

Planters Ferry Field Usage Request

NAME: _____
 DATE REQUEST IS BEING MADE: _____
 REQUEST MADE BY: COACH _____
 (CHECK ONE) MANAGER _____
 OTHER _____
 TEAM: _____
 AGE GROUP: _____
 COACH'S NAME: _____

Requests forms must be filled out and emailed to coachbskicks@yahoo.com 48 hours prior to date being requested. Notification of acceptance will not be emailed back, but will be posted on the Planters Ferry Usage Calendar on the front page of the website: www.rivercitysc.org Questions: Brandon Schreiner – (509)230.6423 – coachbskicks@yahoo.com

REQUEST

MONTH: _____ DAY OF THE WEEK: _____ DATE: _____ TIME: _____ to _____

(CHECK ONE) FULL FIELD _____ HALF FIELD _____ SCRIMMAGE _____

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