



Council Rock United Soccer Association

P.O. Box 839 – Richboro, PA 18954 – Telephone & Fax: (267) 988-4053

2010 Travel Coaches Request for Practice Time

Please put top 3 choices in order of preference. Note that if you only put Tuesday and Thursday (The most popular nights) you will be assigned a third alternate night if needed.

Coach

Name: _____

Address: _____

Phone: (h) _____ (cell) _____

Email: _____

Age Group: U_____ Team Name: _____

Boys Girls

Notes:

1-When filling out info below please choose from one of the standard slotted times we are now using: 5-6 pm – 6-7:30 pm – 7:30-9:00. If you write a different time other than one of those, we will do our best to accommodate but cannot guarantee it.

2- Please also keep in mind that U9 teams and younger practice slots are for 1 hour maximum and U10 and above practice slots are for 1.5 hours maximum.

Choice	Night	Time
1 st		
2 nd		
3 rd		

Example: Tuesdays from 6 to 7 or alternate night Wed 6 to 7.

Notes/Comments: _____
