

**South County District CYC
Facility Availability Form**
Please use a separate form for each Court or Field.

Baseball () Softball () Basketball () Soccer () Volleyball ()

Parish: _____

Submitted by: _____ Phone No. _____

Facility Name: _____ Facility Number _____
(Example: Grasso Field) (Example: Field #2 or Court #2)

Person in Charge of:

Facility Scheduling _____ Phone No. _____

E-mail address: _____

Officials _____ Phone No. _____

E-mail address: _____

CIRCLE THE HIGHEST DIVISION FACILITY CAN ACCOMMODATE

Junior Juvenile Intermediate Cadet Crusader Midget

Bantam Major Bantam Minor Atom Major Atom Minor
(Check the District form for Max & Min Sizes per Division)

Does Facility have lights? Yes () No ()

Curfew Time of Lighting/Facility: Time: _____ Sun M Tues W Thurs

Curfew Time of Lighting/Facility: Time: _____ Fri Sat

Please circle

DATES THAT FACILITY WILL BE CLOSED:

PSR Night: _____

(Please Complete the Reverse Side of this Form)

Facility Times Open

Parish (site): _____

Start Time of First Game/Match

Close Time for Facility

(Example: 9:00 a.m. to 5:00 p.m. - at 5:00 p.m., we are closed)

Monday	_____	am	pm	_____	am	pm
Tuesday	_____	am	pm	_____	am	pm
Wednesday	_____	am	pm	_____	am	pm
Thursday	_____	am	pm	_____	am	pm
Friday	_____	am	pm	_____	am	pm
Saturday	_____	am	pm	_____	am	pm
Sunday	_____	am	pm	_____	am	pm

Mass on Saturday - Stop Game/Match at _____ am pm

After Mass - Start Next Game/Match at _____ am pm

List the dimensions (in feet) for your facility

Soccer / Basketball / Volleyball:

Length _____ Width _____

Baseball / Softball:

First base line - home to grass outfield edge _____

Third base line - home to grass outfield edge _____