

# Field Assignment Form

Year 20 / 20 .

Season Fall / Spring

CLUB NAME \_\_\_\_\_

FIELD COORD. \_\_\_\_\_ PHONE (H) \_\_\_\_\_

EMAIL \_\_\_\_\_ (C) \_\_\_\_\_

	TEAM NAME	AGE GROUP	PRIMARY FIELD NAME	ROLLOVER FIELD NAME
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

FIELD RESTRICTIONS (EX. DATE, TIME) \_\_\_\_\_

TEAM ROLLOVER PREFERENCE (EX. MOVE YOUNGER TEAMS FIRST) \_\_\_\_\_

**ALL CLUBS MUST PROVIDE A ROLLOVER FIELD FOR EACH TEAM**