

# 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**