

**Silver State Girls Soccer  
All Practice  
Schedules**

**Coaches please fill out this form completely and return ASAP to the League office. In order for you to practice, you must let the League know what days and times you practice. Your team name will be added to the permit. If not you may be asked to leave.**

**Thank You**

**Team name** \_\_\_\_\_

**Coaches name** \_\_\_\_\_

**Age Group U/** \_\_\_\_\_

<b>Practice days:</b> _____	<b>Time</b> _____	<b>Field</b> _____
_____	<b>Time</b> _____	<b>Field</b> _____
_____	<b>Time</b> _____	<b>Field</b> _____
_____	<b>Time</b> _____	<b>Field</b> _____