

Silver State Girls Soccer

All Practice Schedules

Season - Fall – Extended – Spring

(please circle one)

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.

**Thank You
SSGSL**

Team name _____

Coaches name _____

Coaches cell number _____

Age Group U/_____

Practice days:	Day _____	Begin time _____	End time _____	Field _____
	Day _____	Begin time _____	End time _____	Field _____
	Day _____	Begin time _____	End time _____	Field _____
	Day _____	Begin time _____	End time _____	Field _____

This form must be turned in prior to the start of your team practicing

**SSGSL fax number – 702-259-6602
5650 W. Charleston #13
Las Vegas, NV 89146**