

# 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/**\_\_\_\_\_

<b>Practice days:</b>	<b>Day</b> _____	<b>Begin time</b> _____	<b>End time</b> _____	<b>Field</b> _____
	<b>Day</b> _____	<b>Begin time</b> _____	<b>End time</b> _____	<b>Field</b> _____
	<b>Day</b> _____	<b>Begin time</b> _____	<b>End time</b> _____	<b>Field</b> _____
	<b>Day</b> _____	<b>Begin time</b> _____	<b>End time</b> _____	<b>Field</b> _____

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

**SSGSL fax number – 702-259-6602  
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