

SITE REQUEST FORM

Contact Name				
Address				
City				
Phone ()	E-mail			
Proposed Facility Name	}			
Address				
City	State		o	
Contact Person		Phor	Phone ()	
Email				
Proposed Facility is: □City Park □Count			□Private	
Proposed Facility Playir □Grass □Sand □	_	her		
Which month(s) would b □Jan □Feb □Mar □		•	□Oct □No	ov □Dec
Which days of the week □Mon □Tues □Wed Please write the best tir	□Thur □Fri	□Sat ŪSun	_	a.m./p.m
Does the facility have?				
Restrooms Parking lot Lights	Yes No	•		Yes No
Are there currently any If yes, please list		•	☐ Yes ☐ N	0
What other sports are p Baseball Basketball Field Hockey Football Roller Hockey	layed at the propo	Soccer Softball Tennis		

Please list general season dates for sports marked on prior question:				
Schools in the area of proposed facility:				
Elementary School District Phone # for district office () Will the school district distribute flyers for a non-profit youth sports group? □Yes □No				
Middle School District Phone # for district office () Will the school district distribute flyers for a non-profit youth sports group? □Yes □No				
Please list the local newspapers and media outlets in the area of proposed facility.				
Please list the Junior/Community College in the area of proposed facility.				
Please list the College/University in the area of proposed facility.				

Please email or mail the completed form to:

USYVL – 2771 Plaza Del Amo Suite 808, Torrance, CA 90503 310-212-7008 Fax 310-212-7182 Toll Free 888-988-7985 E-mail Info@usyvl.org Web site http://www.usyvl.org