Club Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please put an **X** on times when your club is available to practice and please place a **P** on the time blocks that you would prefer to practice:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUES** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** |
| 9:00 am |  |  |  |  |  |  |  |
| 10:00 am |  |  |  |  |  |  |  |
| 11:00 am |  |  |  |  |  |  |  |
| 12:00 pm |  |  |  |  |  |  |  |
| 1:00 pm |  |  |  |  |  |  |  |
| 2:00 pm |  |  |  |  |  |  |  |
| 3:00 pm |  |  |  |  |  |  |  |
| 3:30 pm |  |  |  |  |  |  |  |
| 4:00 pm |  |  |  |  |  |  |  |
| 4:30 pm |  |  |  |  |  |  |  |
| 5:00 pm |  |  |  |  |  |  |  |
| 5:30 pm |  |  |  |  |  |  |  |
| 6:00 pm |  |  |  |  |  |  |  |
| 6:30 pm |  |  |  |  |  |  |  |
| 7:00 pm |  |  |  |  |  |  |  |
| 7:30 pm |  |  |  |  |  |  |  |
| 8:00 pm |  |  |  |  |  |  |  |
| 8:30 pm |  |  |  |  |  |  |  |
| 9:00 pm |  |  |  |  |  |  |  |
| 9:30 pm |  |  |  |  |  |  |  |
| 10:00 pm |  |  |  |  |  |  |  |
| 10:30 pm |  |  |  |  |  |  |  |
| 11:00 pm |  |  |  |  |  |  |  |

Please list in order of preference the indoor and outdoor facility that you want to practice at:

Indoor: Outdoor:

How many days a week do you want practice space:

Indoor: Outdoor:

What date do you want to start practices?

Indoor: Outdoor:

What date do you want to end practices?

Indoor: Outdoor:

**Please return this form to the Department of Recreation and Wellness (Recovery and Wellness Suite, Room 234) or scan to Shawn Dean at deans2@tcnj.edu.**