



2008 SPRING SEASON LOCAL SITE COORDINATOR DESIGNATION FORM

Host Team shall submit this form to the FWRL. Submission of form acknowledges that team shall adhere to the FWRL rules, policies and directives regarding hosting.

AGE GROUP: U-_____ DIVISION: _____ Check one: () Boys () Girls

GAME DATES: _____

FIELDS TO BE USED: _____

CITY WHERE FIELDS ARE LOCATED: _____

IS YOUR TEAM A MEMBER OF A CLUB? Check one () yes () no

IF YES, NAME THE CLUB: _____

WEBSITE ADDRESS: _____

DOES THE WEBSITE PROVIDE DIRECTIONS TO FIELDS: check one () yes () no

The following individual is designated as our LOCAL SITE COORDINATOR

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____

HOME PHONE _____

WORK PHONE: _____

CELL PHONE: _____

POSITION WITH TEAM: _____

Submitted by: _____ Date: _____

Relationship with team _____

Please submit to:

FWRL Commissioner
4152 Dietz Farm Cir NW
Albuquerque, New Mexico
e-mail: jim.tilley@regioniv.com
Fax: 505-830-2247