



## FIELD USAGE FORM

LEAVE NO LINES BLANK

### STEP 1 -- (Print or Type)

Name of School: \_\_\_\_\_

Name of Team: \_\_\_\_\_ (If more than 1 team list all teams that will use this field site)

Field Address: \_\_\_\_\_  
Street City, State Zip

Does Field site have lights: YES NO

Field Type: Grass Turf

If This School Has More Than 1 Team Can We Schedule Up to 2 Games a Night: YES NO

Game Start Time (Earliest Time Field Would Be Available): \_\_\_\_\_

Games will be schedule Mondays/Thursdays. Are there any DATES this field would NOT be available (list all):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we have questions about your field site who should we contact?

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Role with Team: \_\_\_\_\_

**STEP 2 – Submit completed form (leaving NO blanks) to**  
[GoalSoccerLeagueTN@gmail.com](mailto:GoalSoccerLeagueTN@gmail.com)

Date \_\_\_\_\_

GSL Director \_\_\_\_\_