

# Saturday Practice In-season Form

SCHOOL \_\_\_\_\_ SPORT \_\_\_\_\_ LEVEL \_\_\_\_\_

1. All practices on Saturdays are considered to be on a voluntary basis
2. Must obtain approval from Principal
3. Required to have credentialed personnel on premises
4. Notification for Saturday practice must be approved and completed a minimum of a week prior to requested date
5. Practices can not be longer then 2 and a half hours in length

DATE(S) REQUESTED \_\_\_\_\_

TIME \_\_\_\_\_

SUPERVISING ADULT \_\_\_\_\_

COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_