



Team Participation Form

Organization Name:	
Contact Completing Form	

DIRECTIONS:

Coach Name: Please list the LAST Name of the coach (if you do not have a coach yet list TBA)
 Please Note listing the Name/TBA is confirmation for a team at that level (helps us develop schedules)

Hosting Opening Day Request: Please List Answer to the right: _____.

Requested Black-Out Dates:

- Mid-Week dates only black out your blocks: (8's/10's play Mon/Wed & 12's play Tue/Thr)
- There is a possibility of some Saturday dates prior to Memorial Day weekend
- Request only be accepted for pre-scheduled school related events ie: field trip, awards event etc...
- NO special request will be made for individual players or coaches to the mid-week schedule.

Baseball Teams	Coach Name	Opening Day Game Time	Black Out Requested Dates	Black Out Reason
T-Ball Team #1				
T-Ball Team #2				
T-Ball Team #3				
T-Ball Team #4				
8U Team #1				
8U Team #2				
8U Team #3				
8U Team #4				
10U Team #1				
10U Team #2				
10U Team #3				
12U Team #1				
12U Team #2				
12U Team #3				
Softball Teams	Coach Name	Opening Day Game Time	Black Out Requested Dates	Black Out Reason
8U Team #1				
10U Team #1				
10U Team #2				
12U Team #1				
12U Team #2				

All requests must be submitted by March 15th. In order for your request to be reviewed, all information must be completed in its entirety. Please submit your request to the following: GLOWAcademyNY@gmail.com

OFFICE USE ONLY

<input type="checkbox"/> Confirmation	<input type="checkbox"/> Google Docs	<input type="checkbox"/> White Board	Date Received _____
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