



SITE REQUEST FORM

Contact Person/ Site Director:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () ____ - _____ Fax () ____ - _____ E-mail _____

Proposed site:

Name _____ Address _____
 _____ City _____ State _____ Zip Code _____
 Contact person (if known) _____ Phone _____
 (Second Choice if first choice is not available) _____

Proposed site is:

City Park County Park School State Park , Other _____

Playing Surface:

Grass Sand Indoors Other _____

Which month(s) would be best to run the league?

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Which two days of the week would be best for running practice and games?

Mon Tues Wed Thur Fri Sat Sun

Please write the best time for practice _____ a.m./p.m. and games _____ a.m./p.m.

Does the site have?

	Yes	No		Yes	No
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Fountains	<input type="checkbox"/>	<input type="checkbox"/>
Parking lot	<input type="checkbox"/>	<input type="checkbox"/>	Public Phone	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	Office	<input type="checkbox"/>	<input type="checkbox"/>
Gym	<input type="checkbox"/>	<input type="checkbox"/>			

Are there currently any youth volleyball programs in the area? Yes No

What other sports are played at the site?

Baseball	<input type="checkbox"/>	Soccer	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
Roller Hockey	<input type="checkbox"/>	T-ball	<input type="checkbox"/>

Please write in the dates that other sports are played at this location if known:

Please rate the street nearest to the proposed field

Low Traffic Moderate Traffic High Traffic

Does the site have a place where we could hang a banner announcing the leagues? Yes No

Schools:

Elementary School District _____

Phone # for district office() _____

Will the school district distribute flyers for a non-profit youth sports group?

Yes No

Middle School District _____

Phone # for district office() _____

Will the school district distribute flyers for a non-profit youth sports group?

Yes No

Please list the local newspapers in the area.

For Official Use Only

Reviewed by: _____ Date _____

Approved Not Approved Date Site Agreement Sent ____/____/____

Reason _____

Executive Director's Signature: _____ Date: _____

Please mail the completed form to :

USYVL – 2771 Plaza Del Amo Suite 808, Torrance, CA 90503

310-212-7008 Fax 310-212-7182 Toll Free 888-988-7985

E-mail questions@usyvl.org Web site http://www.usyvl.org