

## Elk Grove Unified School District Sports Related Facility Requestor Information

*Purpose of Form: Information provided will be used for miscellaneous data analysis and, in the event of multiple requestors, validation of need.*

Organization's Name:

Mailing Address:

Hotline:

City:

Zip:

Web Site:

Non-Profit Organization :  No  Yes, Tax ID Number:

### Organization Representative Information

Primary Contact:

Alternate Contact:

Address:

Address:

City:

Zip:

City:

Zip:

Day Phone:

Day Phone:

Evening Phone:

Evening Phone:

Email:

Email:

### Previous League Season Registered Participants

Total Participants:	5-8 years old	9-10 years old	11-12 years old	13-14 years old	15-18 years old	Adults
Boys:						
Girls:						

### Zip Code Breakdown of Participants

Zip Code	Quantity	Zip Code	Quantity	Zip Code	Quantity	Zip Code	Quantity	Zip Code	Quantity
95624/59		95758		95829		95831		95693	
95757		95828		95830		95683		All others	

### Program Description

Programs/Divisions Offered <i>(Examples: TBall, 8 and under, rookies, AAU, competitive, traveling, etc.)</i>	Number of Teams	Programs/Divisions Offered <i>(Examples: TBall, 8 and under, rookies, AAU, competitive, traveling, etc.)</i>	Number of Teams	Programs/Divisions Offered <i>(Examples: TBall, 8 and under, rookies, AAU, competitive, traveling, etc.)</i>	Number of Teams

Please complete the requested information as accurately as possible. Completed forms need to be returned to Jim Smrekar at:

Trigg Education Center  
9510 Elk Grove/Florin Road  
Room 208  
Elk Grove, California 95624