

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:

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 Athletics/Facilities at:

Trigg Education Center
9510 Elk Grove/Florin Road
Room 205
Elk Grove, California 95624