

Visiting Crew Facility Request

Please Print!

Program Name: _____

Contact Person: _____ Title/Position: _____

Phone #: _____ E-mail: _____

Mailing Address: _____

City, State, Zip: _____

We need very specific dates and times that you will be on site.

Requested Dates: _____

Request Practice Times & Number of Launches

DAY	SUN	MON	TUES	WED	THURS	FRI	SAT
AM Time							
# of Launches							
PM Time							
# of Launches							

Number of Athletes/Coxswains: _____ Number of Staff/Coaches: _____

Number of Shells you are Bringing: _____

Specific Time and Date of Trailer Arrival: _____

Specific Time and Date of Trailer Departure: _____

Trailer Driver Name: _____ Cell Phone: _____

Special Needs: _____

For Office Use Only

Approved/Not Approved: _____ Class: _____ Firm: _____

Contract Emailed	Signed Contract Received	Deposit Paid	Balance Paid