



Oceanside United Soccer Club

Practice Time Request

Team Name _____ Boys ____ Girls ____ U _____

Team Coach _____

Coach Telephone _____

Please pick three possible days. Indicate choice by entering a 1, 2 or 3 next to the day. Generally, younger teams will be assigned the earlier times and older teams will be assigned the later times. If you would like to specify early or late, please hand write that next to the dates you have requested. We cannot guarantee times however.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____