

**South County District CYC  
Facility Availability Form**  
**Please use a separate form for each Court or Field.**

Baseball ( ) Softball ( ) Basketball ( ) Soccer ( ) Volleyball ( )

**Parish:** \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone No. \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Number \_\_\_\_\_  
(Example: Grasso Field) (Example: Field #2 or Court #2)

**Person in Charge of:**

Facility Scheduling \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

Officials \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

**CIRCLE THE HIGHEST DIVISION FACILITY CAN ACCOMMODATE**

Junior Juvenile Intermediate Cadet Crusader Midget

Bantam Major Bantam Minor Atom Major Atom Minor  
(Check the District form for Max & Min Sizes per Division)

Does Facility have lights? Yes ( ) No ( )

Curfew Time of Lighting/Facility: Time: \_\_\_\_\_ Sun M Tues W Thurs

Curfew Time of Lighting/Facility: Time: \_\_\_\_\_ Fri Sat

Please circle

**DATES THAT FACILITY WILL BE CLOSED:**

PSR Night: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please Complete the Reverse Side of this Form)

## Facility Times Open

**Parish (site):** \_\_\_\_\_

**Start Time of First Game/Match**

**Close Time for Facility**

(Example: 9:00 a.m. to 5:00 p.m. - at 5:00 p.m., we are closed)

Monday	_____	am	pm	_____	am	pm
Tuesday	_____	am	pm	_____	am	pm
Wednesday	_____	am	pm	_____	am	pm
Thursday	_____	am	pm	_____	am	pm
Friday	_____	am	pm	_____	am	pm
Saturday	_____	am	pm	_____	am	pm
Sunday	_____	am	pm	_____	am	pm

Mass on Saturday - Stop Game/Match at \_\_\_\_\_ am pm

After Mass - Start Next Game/Match at \_\_\_\_\_ am pm

**List the dimensions (in feet) for your facility**

**Soccer / Basketball / Volleyball:**

Length \_\_\_\_\_ Width \_\_\_\_\_

**Baseball / Softball:**

First base line - home to grass outfield edge \_\_\_\_\_

Third base line - home to grass outfield edge \_\_\_\_\_