



Parks and Recreation Department

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2012-2013 REQUEST FOR CROSS-COUNTRY SKI MEET/PRACTICE SITE

FACILITY RESERVATION FORM

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Athletic Director's name and phone number: _____

Coach's Name: _____

e-mail address: _____

Daytime phone number: _____ Fax: _____

Date	Location	Time (begin/end)	Indicated if a Practice or Meet	Notes: e.g. approx. # of participants/skate ski/classic

