

This form must be returned with your signed contract

2009 Scheduling Request Form



Group Name: _____

Coordinator Name: _____

Phone Number: _____

Please indicate your level and area of commitment below

Concession Stand Size

8 Person, 10 Person, or 12 Person

My group is interested in the selecting the following schedules to fundraise:

**** The commitment must equal a MINIMUM of 10 games ****

Option 1 - Per Homestand *

Please check the box indicating the homestands that you would prefer to fundraise

- | | | | |
|--------------------------------|------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> APRIL | 3, 6, 8, 9, 10, 11, 12 | <input type="checkbox"/> JUNE / JULY | 29, 30 / 1, 2, 3, 4, 5 |
| <input type="checkbox"/> APRIL | 24, 25, 26 | <input type="checkbox"/> JULY | 16, 17, 18, 19, 20, 21, 22 |
| <input type="checkbox"/> MAY | 4, 5, 6, 7 | <input type="checkbox"/> JULY / AUG | 31 / 1, 2, 3, 4, 5, 6, 7, 8, 9 |
| <input type="checkbox"/> MAY | 15, 16, 17 | <input type="checkbox"/> AUGUST | 17, 18, 19, 20, 21, 22, 23 |
| <input type="checkbox"/> MAY | 19, 20, 21, 22, 23, 24 | <input type="checkbox"/> AUG / SEPT | 31 / 1, 2 |
| <input type="checkbox"/> JUNE | 1, 2, 3 | <input type="checkbox"/> SEPTEMBER | 11, 12, 13, 14, 15, 16 |
| <input type="checkbox"/> JUNE | 5, 6, 7, 8 | <input type="checkbox"/> SEPT / OCT | 29, 30 / 1, 2, 3, 4 |
| <input type="checkbox"/> JUNE | 16, 17, 18, 19, 20, 21 | | |

Option 2 - Specific day of the week *

Please check the box of the week that you would prefer to fundraise

<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
4/6	5/5	4/8	4/9	4/3	4/11	4/12
5/4	5/19	5/6	5/7	4/10	4/25	4/26
6/1	6/2	5/20	5/21	4/24	5/16	5/17
6/8	6/16	6/3	6/18	5/15	5/23	5/24
6/29	6/30	6/17	7/2	5/22	6/6	6/7
7/20	7/21	7/1	7/16	6/5	6/20	6/21
8/3	8/4	7/22	8/6	6/19	7/4	7/5
8/17	8/18	8/5	8/20	7/3	7/18	7/19
8/31	9/1	8/19	9/3	7/17	8/1	8/2
9/7	9/8	9/2	9/10	7/31	8/8	8/9
9/17	9/18	9/9	9/20	8/7	8/22	8/23
	9/29	9/19	10/1	8/21	9/5	9/6
		9/30		9/4	9/12	9/13
				9/11	9/22	9/23
				9/21	10/3	10/4
				10/2		

Option 3 - Individual Games *

Please indicate the dates that you would prefer to fundraise

Date	Date	Date
1 /	15 /	29 /
2 /	16 /	30 /
3 /	17 /	31 /
4 /	18 /	32 /
5 /	19 /	33 /
6 /	20 /	34 /
7 /	21 /	35 /
8 /	22 /	36 /
9 /	23 /	37 /
10 /	24 /	38 /
11 /	25 /	39 /
12 /	26 /	40 /
13 /	27 /	41 /
14 /	28 /	42 /

Group Leader Signature: _____

Date: _____

*Please refer to the enclosed schedule to determine start time of games.