



SPRING SPORTS - ALL STAR ALLOCATION REQUEST

Submit your completed form by e-mail to sfeicht@cityofirvine.org or by fax to (949) 724-7529.

REQUESTOR INFORMATION

ORGANIZATION NAME	HOME PHONE*
FIELD REPRESENTATIVE NAME*	WORK PHONE*
E-MAIL*	MOBILE PHONE*

TEAM INFORMATION

TEAMS	# OF TEAMS	PRACTICE DAYS AND TIMES REQUESTED	TOURNAMENTS ATTENDING AND DATES HELD
80' TEAMS			
70' TEAMS			
60', 65' TEAMS			
55', 60' TEAMS (Softball)			

IF HOSTING TOURNAMENT: PROVIDE ALL STAR/AGE GROUP, DATES AND LOCATION REQUESTED AND SPECIAL REQUESTS
(Please send over game brackets with possible game times and days if available)

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