



**CLUB SPORTS ~ STATE UNIVERSITY OF NEW YORK AT NEW PALTZ  
OFF CAMPUS PRACTICE SCHEDULE**

**Name of Club:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

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**Days (check all that apply):**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Contact @ Site:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Price for Using Facility:** \$ \_\_\_\_\_

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**Days (check all that apply):**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Contact @ Site:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Price for Using Facility:** \$ \_\_\_\_\_

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**Days (check all that apply):**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Contact @ Site:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Price for Using Facility:** \$ \_\_\_\_\_

*\* Any additions or changes to practice schedule must be reported.*