

**BVAL REQUEST FOR SATURDAY**  
**BASKETBALL PRACTICE**

School \_\_\_\_\_ Date of use \_\_\_\_\_

Circle Team Requesting :                      Boys                      Girls

Circle Level of Team: Boys Freshman

Boys Frosh/Soph \_\_\_\_\_

Boys Varsity \_\_\_\_\_

Boys Freshman \_\_\_\_\_

Girls JV \_\_\_\_\_

Girls Varsity \_\_\_\_\_

Time of practice: \_\_\_\_\_

This practice is replacing what practice? \_\_\_\_\_ day

\_\_\_\_\_ date

I approve of the request stated above:

Signed: \_\_\_\_\_

(Athletic Director)

**This form must be filed prior to the practice. Failure to comply will result in a one game suspension of the Head coach.**

Please return to the BVAL Office:

BVAL Commissioner  
Colette M. Cluff  
1290 Blossom Hill Road  
San Jose, CA 95120

Fax # 408-265-5426