**NIVC Practice Time Availability**

Use the tab key to move from field to field to complete the form.

**Host team: Complete form and e-mail to visiting team.**

Round:

Host School:

Contact Person:

Cell Phone:       E-mail:        
Game Facility Name and Address:

Alternate Facility Name and Address, if applicable:

Game Date:

###### Day before game day

Game Facility

Host Team Practice:

Time (options)

Visiting Team Practice:

Time (options)

Alternate Practice Facility, if applicable

Host Team Practice:

Time (options)

Visiting Team Practice:  
 Time (options)

###### Game day

Game Facility

Host Team Practice:

Time (options)

Visiting Team Practice:

Time (options)

Host school: Please e-mail information to host visiting school.