

THE SPOT 24 FALL SEASON

Coach Name _____ Phone Number _____ City _____

Team Name#1 _____

Team Name #2 _____

Team Name #3 _____

PLEASE EMAIL TO : thespotwtxschedules@gmail.com These are due by **7-21-24**- Please put team name in subject line. **ANY REQUEST SENT TO OTHER EMAILS OR TEXT MESSAGES WILL NOT BE ACCEPTED. ONLY TO THE EMAIL ABOVE.**

There is **no guarantee** that we can honor every request in The SPOT WTX, but we will do our best to help accomplish this. Please write the preferred day you wish to play for the following game scheduled weekends. If you are UNABLE to play one of the dates, please put that information in the notes sections. **Friendly reminder all local teams will be required to play on Saturday.** Once again, you can put a preference day to play games BUT that is NOT a guarantee, however I will do my best to accommodate. (Example: February 17th or 18th ____ NO Games for team #1 & #3 on the 17th _) August 17th

August 17th _____

August 18th _____

September 7th _____

September 8th _____

September 21st _____

September 22nd _____

October 12th _____

October 13th _____

October 26th _____

October 27th _____