

SWIM TEAM PRACTICE REQUEST



School/Team Name: _____

Coach: _____

Contact Info: _____

Asst. Coach: _____

Requested Days/Times: Mon Tue Wed Thu Fri

Time: _____

Lane use:

1 2 3 4 5 6 7 8 9 10 11 12 13

Number of swimmers: _____

Equipment needed: YES NO

Are you OK sharing pool?: YES NO

Sandi M. Sherman, CPRP, AFO | Recreation Supervisor | Ph: 541-774-2405 | Fax: 541-774-2560
City of Medford, Oregon | Parks, Recreation & Facilities Department | 901 N. Rossanley Drive, Medford, OR 97501

SWIM MEET REQUEST

**MUST SUBMIT ONE
REQUEST PER MEET**



Host School: _____

Coach: _____

Contact Info: _____

Asst. Coach: _____

Date: _____

Time: _____

Number of teams participating: _____

Approximate number of swimmers: _____

Teams must provide their own timer | Time contact: _____

Additional space needs (Rooms, Outdoor space etc.): _____

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