



# Cumberland United-Unis Soccer Club

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## CUSC FACILITIES REQUEST FORM

Today's Date: \_\_\_\_\_ Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_ Manager: \_\_\_\_\_

Tel #: \_\_\_\_\_ Tel #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Facility requested: Full Field \_\_\_\_\_ Mini Field \_\_\_\_\_ Gym \_\_\_\_\_ Meeting Room \_\_\_\_\_

If meeting room indicated number of people who will be attending ( \_\_\_\_\_ )

Reason for request: Training \_\_\_\_\_ Reschedule \_\_\_\_\_ Exhibition \_\_\_\_\_ Other \_\_\_\_\_

Date requested from : Day \_\_\_\_\_ Month \_\_\_\_\_ Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Date requested to: Day \_\_\_\_\_ Month \_\_\_\_\_ Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Preferred Location:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**PLEASE NOTE - COST WILL BE CONFIRMED UPON FACILITY CONFIRMATION. FULL PAYMENT MUST BE MADE PRIOR TO USE. ALL REQUESTS ARE SUBJECT TO FEE.**

Please email this form to Sonya Schrum - [facilitiesdirector@cumberlandsoccer.com](mailto:facilitiesdirector@cumberlandsoccer.com)

If the form is not filled in fully it will not be processed.