VACATIONS / NOT AVAILABLE DATES

Name: _____

Please indicate all dates, by month, in which you will not be available to attend games or practices.

MAY:

_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐

JUNE:

_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐

JULY:

_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐

AUGUST:

_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐
_____	Confirmed	☐	To be confirmed	☐