



PRINCE GEORGE'S COUNTY BOYS AND GIRLS CLUB, INC.
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2019 UNLIMITED FOOTBALL QUESTIONNAIRE
AGE IS AS OF JULY 31, 2019
MUST BE 5 YEARS OLD BY JULY 31, 2019

Questionnaire, Roster, and Payment due August 23, 2019 (5 – 14 Years)

CLUB NAME: _____

Football Commissioner:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

Please indicate number of teams your club will field this year (2019)

WEIGHT DIVISION	AGE IS AS OF JULY 31	TOTAL TEAMS
UNLIMITED	6 & UNDER	
UNLIMITED	8 & UNDER	
UNLIMITED	10 & UNDER	
UNLIMITED	12 & UNDER	
UNLIMITED	14 & UNDER	

COMMISSIONER'S SIGNATURE _____ DATE _____



Please List all Head Coaches below providing the following:
Full Name, Address, E-mail Address, Contact Numbers, and Jersey Color

FOOTBALL 6 & UNDER: (Team #1)	FOOTBALL 6U: (Team #2)
Name:	Name:
Address:	Address:
Cell #:	Cell #:
Email:	Email:
Jersey Color:	Jersey Color:

FOOTBALL 8 & UNDER: (Team #1)	FOOTBALL 8U: (Team #2)
Name:	Name:
Address:	Address:
Cell #:	Cell #:
Email:	Email:
Jersey Color:	Jersey Color:

FOOTBALL 10 & UNDER: (Team #1)	FOOTBALL 10U: (Team #2)
Name:	Name:
Address:	Address:
Cell #:	Cell #:
Email:	Email:
Jersey Color:	Jersey Color:

FOOTBALL 12 & UNDER: (Team #1)	FOOTBALL 12U: (Team #2)
Name:	Name:
Address:	Address:
Cell #:	Cell #:
Email:	Email:
Jersey Color:	Jersey Color:

FOOTBALL 14 & UNDER: (Team #1)	FOOTBALL 14U: (Team #2)
Name:	Name:
Address:	Address:
Cell #:	Cell #:
Email:	Email:
Jersey Color:	Jersey Color:

Additional Teams can be listed below here. Please specify the age group of additional teams

FOOTBALL ___ & UNDER: (Team #3)	FOOTBALL ___ & UNDER: (Team #3)
Name:	Name:
Address:	Address:
Cell #:	Cell#:
Email:	Email:
Jersey color:	Jersey Color:

The Prince George’s County Boys/Girls Club Office should be notified immediately if any information submitted in this Questionnaire changes or is modified.

Please complete the attached field chart and submit with Questionnaire. To prepare schedules we must have all information concerning fields to be used for your home games (Days, Hours and Locations). Also, include any preference as far as age groups on designated fields, dates to be avoided due to special events, banquets, school functions, etc. This is to be listed on the field chart.

Give clear directions to your fields if other than Park and Planning County Fields.

Upon completion of the season your treasurer will be mailed a bill for forfeits and fines for dropped/added teams, etc.

Rosters are to be submitted on official roster form ONLY with Questionnaires and Field Charts.

It is important that you give COMPLETE ADDRESSES, ZIP CODES, and E-MAILS for all coaches in order that they may receive all correspondence from this office

FIELD/GYM CHART
(To be submitted with Questionnaire)

FILL IN THE FOLLOWING INFORMATION ON THE CALENDAR PRINTED ON THE REVERSE SIDE:

1. Field(s)/Gym(s) - County school or other (make sure you hold a permit for any lighted fields on which you wish to have league games scheduled).
2. Length of permit(s). See Examples #1 thru #3.
3. The hours you have the Fields(s) / Gym(s). See Examples #1 thru #3.
4. If certain Fields/Gyms are to be designated for certain age groups, please state this on the calendar. See Examples #2 & #3.
5. **Remember to list any exceptions to these dates, e.g. banquet, school function, etc. See Example #2.**
6. **No games will be re-scheduled if information is not correctly submitted.**

REMEMBER: IT IS NOT NECESSARY TO FILL IN THE ENTIRE CALENDAR!

EXAMPLE #1	EXAMPLE #2	EXAMPLE #3
Saturday	Tuesday	Monday
Beckett Field 9 a.m. to dark Sept. 1 thru Nov. 1	Fletcher Field 6 p.m. to dark Sept. 1 thru Nov. 1 (All Tuesdays except Oct. 8)	White Marsh Park 6:30 p.m. to 10:00 p.m. Lights Sept. 1 thru Nov. 1
Clinton Sports Park 10:00 a.m. to 2 p.m. Sept. 1 thru Nov. 1	Robert Goddard Middle 6 p.m. to 10 p.m. Jan. 1 thru March 15 11 - 12 Boys only	B. Stoddert Middle 6 p.m. to 9 p.m. Jan. 1 thru March 15 12 Girls only

REMEMBER: IF YOU ARE NOT SURE HOW TO FILL IN THE CALENDAR AFTER READING THE INSTRUCTIONS – DON'T FILL IT IN!! COME IN TO THIS OFFICE OR CALL SOMEONE WHO CAN HELP YOU DO IT CORRECTLY.

FIELD/GYM CHART

NAME OF CLUB: _____

PLEASE READ INSTRUCTIONS BEFORE FILLING IN THIS SLIDE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PLEASE REMEMBER TO LIST ANY EXCEPTIONS TO THESE DATES—DATES WHEN YOU DO NOT HAVE A PERMIT FOR THE FIELD/GYM.

ALSO, IT IS VERY IMPORTANT TO LIST ALL DATES ON WHICH YOUR TEAM CANNOT PLAY DUE TO SCHOOL FUNCTIONS ON OTHER EVENTS INCLUDING OVERNIGHT FIELD TRIPS, GRADUATIONS, CLUB BANQUETS, ETC. PLEASE INCLUDE THESE DATES ON THIS SHEET BELOW SO WE CAN AVOID THESE DATES WHEN SCHEDULING YOUR TEAMS FOR GAMES.

EXCEPTIONS: _____

