



NJB INSURANCE

Request / Change Form

(CIRCLE ONE)

Attn: Karen
Email: Karen-njb@att.net
Office: 408-260-0100
Fax: 877-242-1195

PROGRAM: Silicon Valley NJB Spring League
February 1 - April 28, 2024

REQUESTED BY:

Date:

IF BOOKING FACILITY THROUGH FACILITRON, CHECK BOX ☐ *(you must read and initial the statement below)*

*Before you book and pay your Facilitron request, submit this form for review and approval. You will then be provided with a Facilitron Guest Login. Upon receiving the Facilitron SVNJB Guest Login information, you acknowledge and agree to keep ALL Login information and content therein Confidential and Proprietary to SVNJB. You will not disclose information to anyone and use ONLY for Silicon Valley NJB Spring League.

REQUESTOR INITIAL HERE:

| | | | | | |
|------------------------------------|--------|--------------|---------------------------------------|--------------------------|------|
| School / Facility: | | | School District: | | |
| Address: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Facility Contact Name: | | Coach Name: | | Team Name: | |
| Facility Contact Phone: | | Coach Phone: | | Team Manager Name: | |
| Facility Contact Fax / Email: | | | Team Manager Phone, Fax and/or Email: | | |
| School / Facility Approval: | | | | Date of Approval: | |

NOTES:

Paid Deposit
Amount:

Date Paid:

***Teams are responsible for securing practice facilities and all associated fees. A refundable facility damage deposit may be required. If a deposit is required, at the end of the season, IF there is no damage to the facility used, your deposit will be returned. By signing below, you acknowledge that you have read and accept the terms of the refundable facility damage deposit.**

REQUESTOR PRINT NAME

REQUESTOR SIGNATURE

DATE

SVNJB APPROVAL

DATE