**PRACTICE REQUEST FORM**

Please complete and return this form to**secretaria.tecfnb@gmail.com** **,**  **tecnicabadguate@gmail.com , gt.tecnica2023@gmail.com** **, tutoras.tec.fnb@gmail.com** not later than **August 16, 2024**

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| --- | --- |
| **Name of Member Association:**  |  |
| **Contact Person:**  |  |
| **MOBILE NUMBER:**  |  | **PHONE NUMBER:**  |  |
| **E-MAIL:**  |  |

**Practice hall: 5 courts**

**Location: Federacion Nacional de Badminton de Guatemala, Coliseo Deportivo, Ciudad de los Deportes, Zona 5, Guatemala Ciudad.**

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| Date | Time | No of Players |
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(additional details can be submitted in other sheet of paper)

**NOTES**:

1. Please check the approved practice schedule at Secretariat Office.
2. Please comply with the transport schedule provided. Otherwise player/team is solely responsible on your own transportation.
3. All requests are subjected to the discretion and approval of the Tournament Referee.