**Practice Court Request Form**

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| **National Association** |  | |
| **Contact person** |  | |
| Fax |  | e-Mail: |
| **Mobile Phone** |  |

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| --- | --- | --- | --- | --- | --- |
| Complete this practice request and send back to: **mikeluck@badminton.ca** **by Tuesday, March 3, 2020** | | | | | |
| **Practice Schedule**  Note:  March 30 and 31- practice facility – 4 courts is available from 08:00 to 16:00.  Number of courts and amount of time will be allocated based on team size/# available courts. | | | | | |
| **Date** | **Number of Players** | | | **Requested Time** | |
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| **March 30** |  | | |  | |
|  |  | | |  | |
| **March 31** |  | | |  | |
|  |  | | |  | |
| **Team Manager** | | | | | |
| **Name** |  | | | | |
| **Cell** |  | | | **Email** |  |
|  | | | | | |
|  | |  |  | | |
| Signature | |  | Date | | |
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