**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** |
|  |  |  |
| **March 30** |  |  |
|  |  |  |
| **March 31** |  |  |
|  |  |  |
| **Team Manager** |
| **Name**  |  |
| **Cell** |  | **Email** |  |
|  |
|  |  |  |
| Signature |  | Date |
|  |