**PRACTICE REQUEST FORM**

Please complete and return this form to**fedebadgt@gmail.com gt.tecnica2023@gmail.com**not later than **August 15, 2023**

|  |  |
| --- | --- |
| **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.**

**Schedule : 08:00 – 20:00 (from Monday september 04 until Tuesday september 06 2023)**

|  |  |  |
| --- | --- | --- |
| Date | Time | No of Players |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(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.