

# PRACTICE REQUEST FORM

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| **Member Association Country:****Contact Phone Number:****Contact Name (full):****Contact Email address:** | INSERTINSERTINSERTINSERT |
| **Booking Details** |

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| --- | --- | --- |
| **DATE** | **NUMBER OF PLAYERS** | **PREFERRED TIME**  |
| Thursday 28 Sept |  |  |

Practice courts are available Thursday 28 September 12pm – 8pm  |
| **Notes** | Badminton Oceania will allocate courts in the competition venue on a fair and equitable basis Please return this form by **Wednesday 20th September** to: NAME: Badminton Oceania EMAIL: events@badmintonoceania.org  |