A blue and white logo

Description automatically generated with medium confidence

# PRACTICE REQUEST FORM

|  |  |
| --- | --- |
| **Member Association Country:**  **Contact Phone Number:**  **Contact Name (full):**  **Contact Email address:** | INSERT  INSERT  INSERT  INSERT |
| **Booking Details** | |  |  |  | | --- | --- | --- | | **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](mailto:events@badmintonoceania.org) |