



BOOKING FORM 2014/15

THE MUGA

CLUB NAME

JUNIOR OR SENIOR TEAM?

CLUB CONTACT (FOR ALL CORRESPONDENCE INC. INVOICING).....

POSTION WITHIN CLUB

ADDRESS

.....

POST CODE

TEL NO

EMAIL ADDRESS

EMERGENCY CONTACT & TEL NO (FOR PITCH CANCELLATIONS)

.....

DAY REQUIRED

STARTam/pm FINISHam/pm

DATE OF FIRST BOOKING

DATE OF LAST BOOKING

SPECIAL REQUIREMENTS

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DECLARATION: I agree on my own behalf and on behalf of the above organisation which has given me authority to bind it by signing this application on it's behalf to comply with and be bound by the conditions of hire and general use, copies of which I have received and read. I am over 18 years of age.

SIGNED **DATE**