**PRACTICE REQUEST FORM**

Please complete and return this form to[**secretaria.tecfnb@gmail.com**](mailto:secretaria.tecfnb@gmail.com) **,**  [**tecnicabadguate@gmail.com , gt.tecnica2023@gmail.com**](mailto:%20tecnicabadguate@gmail.com%20,%20%20gt.tecnica2023@gmail.com) **, tutoras.tec.fnb@gmail.com** not later than **August 16, 2024**

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

|  |  |  |
| --- | --- | --- |
| 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.