**PRACTICE REQUEST FORM**

Please complete and return this form to [**fedebadgt@gmail.com**](mailto:fedebadgt@gmail.com)[**tecnicabadguate@gmail.com**](mailto:tecnicabadguate@gmail.com) no later than **Tuesday, October 11th. 2022**

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| --- | --- | --- | --- |
| **Name of Member Association:** |  | | |
| **Contact Person:** |  | | |
| **MOBILE NUMBER:** |  | **PHONE NUMBER:** |  |
| **E-MAIL:** |  | | |

**Practice hall: 5 courts**

**Schedule : 08:00 – 20:00 (from Sunday November 6th until Tuesday November 8th 2022) Location: at Coliseo Deportivo, Ciudad de los Deportes, zona 5 Guatemala, Venue.**

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| Date | Time | No of Players |
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(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.