FIXTURE REQUIREMENT SHEET

CLUB NAME:						
SPORT:						
DEPARTURE DATE:			**NO. NIGHTS:**			
DESTINATION / RESORT:						
AGES OF TEAMS: (Please add no. of teams traveling in each age group)	U/9	U/10	U/11	U/12	U/13	U/14
	U/15	U/16	U/17	COLTS	SENIOR	VETS
NO. FIXTURES REQUIRED PER AGE GROUP:	U/9	U/10	U/11	U/12	U/13	U/14
	U/15	U/16	U/17	COLTS	SENIOR	VETS
If your requirements are not specific to the above please advise accordingly:						
PLAYING STANDARD (Please circle):	GOOD		MEDIUM		LOW	SOCIAL
LEAGUE STATUS:						
TIME THAT TEAM HAS PLAYED TOGETHER						
ESTIMATED FITNESS LEVELS						
NO. COUNTY PLAYERS:						
NO. INTERNATIONAL PLAYERS:						
ANY FURTHER INFORMATION / SPECIAL REQUESTS?						