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	7/11	U/12		U/13		U/14
	U/15	U/16	U	/17	CC	DLTS	SENI	OR	VETS
NO. FIXTURES REQUIRED PER AGE GROUP:	U/9	U/10	U	U/11 U/		J/12	U/13		U/14
	U/15	U/16	U	/17	CC	COLTS SENIO		OR	VETS
If your requirements are not specific to the above please advise accordingly:									
PLAYING STANDARD (Please circle):	GOOD		ME	MEDIUM		LOW		SOCIAL	
% OF GAMES YOU WIN:									
TYPE OF MATCH PREFERRED? (Timed / Limited overs)									
NUMBER OF COUNTY/INTERNATIONAL PLAYERS IN TOURING SQUAD: (specify Batsman / Bowler etc)									
TOTAL SQUAD SIZE, INCLUDING THOSE NOT TOURING:									
ANY FURTHER INFORMATION / SPECIAL REQUESTS?									