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	U/11		J/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	U/17		OLTS	SENIOR		VETS
If your requirements are not specific to the above please advise accordingly:									
PLAYING STANDARD (Please circle):	GOOD		MI	MEDIUI		LO	ow so		OCIAL
% OF GAMES YOU WIN:									
TOTAL SQUAD SIZE, INCLUDING THOSE NOT TOURING:									
NUMBER OF COUNTY/DPP PLAYERS IN TOURING SQUAD (IF APPLICABLE)									
PLAYING COLOURS?									
ANY FURTHER INFORMATION / SPECIAL REQUESTS?									