



**FIELD BOOKING REQUEST**

**ALL SECTIONS ARE TO BE COMPLETE BEFORE BOOKING CAN BE ACCEPTED**

Today's Date		Current Time	
Name of the person making the booking			
<i><u>This form is to be completed by the person responsible for payment of the account</u></i>			
Organisation Name			
Contact name for the day of hire			
Mobile number		Daytime number	
Email address			

**INVOICE TO BE SENT TO: *(Must be filled in before the booking will be accepted)***

Name(s):		Phone Numbers	
Organisation(s):		Work:	
Postal Address:		Home:	
		Mobile:	
		Fax:	
Email Address			
Order No.			

**REQUIREMENTS**

Date Required	Start		Ending	
Time Required	Start		Ending	
Juniors (Please tick)		Seniors (Please tick)		

**COMMENTS**

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**PLEASE MARK BELOW**

Grass or Synthetic Fields 1 or 2	
Training or Game	
Half Field or Full Field	

**PLEASE RETURN THIS FORM TO: [office2@toowoombahockey.com.au](mailto:office2@toowoombahockey.com.au)**

**YOUR BOOKING WILL BE CONFIRMED VIA EMAIL**

**Bookings are to be made at least 48 hours in advance to assist with staffing and preparation.  
Cancellation less than 24 hours of the booking will incur a charge.**