

FORM FOR BOOKING FOOTBALL FIELD

Date:

Team Captain's Name:

Program:

Enroll No:

Match Day:

Match Date:

Please list your preferred timings:

1st Pref:

3rd Pref:

2nd Pref:

4th Pref:

List of players (minimum 14 required) of the same gender

Sl #	Name	Enroll	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

I hereby certify that the above information is correct and that I have read and agree to all the rules and regulation of the RTC football field. Furthermore, I shall strictly adhered to the timing and will not entertain outsiders.

(Signature of the Team Captain)

For SSD use only

Slot allotted

From	To	Mon	Tue	Wed	Thu	Fri
6:00 AM	7:30 AM	M1	M2	M3	M4	M5
7:30 AM	9:00 AM	M6	M7	M8	M9	M10
3:00 PM	4:30 PM	E1	E2	E3	E4	E5
4:30 PM	6:00 PM	E6	NA	E8	E9	E10
6:00 PM	7:00 PM	E11	E12	E13	E14	E15

From	To	Sat	Sun
8:00 AM	10:00 AM	M13	M14
4:00 PM	6:00 PM	E20	E21
6:00 PM	7:30 PM	E22	E23