



Coláiste Stiofáin Naofa

All Weather Pitch Booking Form

Club / Organisation Name: _____

Type of Team: (i.e. Senior or U16) _____

Preferred Day: _____ Preferred Time: _____

Proposed Start Date: _____ Proposed Finish Date: _____

Please tick: 1/3 Pitch

1/2 Pitch

Full Pitch

If the above time is unavailable
would you consider an alternative time? Yes No

Chairman: _____ Mobile No: _____
(Print name)

Secretary: _____ Mobile No: _____
(Print name)

E-Mail: _____

Manager: _____ Mobile No: _____
(Print name)

Please note: A copy of current Insurance Certificate will be required together with payment once a time is allocated to your group

