

Walsh Field Booking Application Form

Number of Teams (if applicable):_	Total Number of Participants:
ARE YOU APPLYING ON BEHALF	
TEAM Name-	LEAGUE Name:
*PLEASE NOTE: It is very imp	portant that we have only one contact per group to avoid conflict. If yo
contact person or address char our records up to date.	portant that we have only one contact per group to avoid conflict. If younges, please advise as soon as possible at 780-812-8925 so we can ke
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YOU MUST NOTIFY US OF ANY CANCELLED DATES TWENTY-FOUR (24) HOURS PRIOR TO YOUR BOOKING. IF NOT YOU MAY
BE BILLED FOR THAT DATE.

THIS IS NOT A CONFIRMATION OF YOUR BOOKING



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- ACTIVITY -							
Soccer Football Other		Rugby \square					
If other Please specify:			=				
Dates	Field	Time	Group				



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Date	Time On	Time Off
		<u>'</u>

Please email this completed form to:

larry.godziuk@nlsd.ab.ca

	Office Use Only	
Date rec	eived	