VISITING CLUB NAME ……………………………………………………………

CONTACT NAME & ADDRESS …………………………………………………………………………………………..

PHONE ………………………………. MOBILE ………………………..

EMAIL …………………………………………..

PREFERRED DAY & DATE: …………………………………..

START TIME 2.00 pm

NUMBER OF RINKS ……………… [FOUR MINIMUM/SIX MAXIMUM]

TYPE OF PLAY ………………………. [MIXED RINKS OR TRIPLES]

DRESS CODE ………………………. [GREYS or WHITES]

 NUMBER PAYABLE

GAME + MEAL £11.00 …………… £……………

MEAL ONLY £8.00 …………... £……………

GAME + T & B £6.00 …………… £……………

(T & B at 10 Ends)

T & B ONLY £2.00 ………….. £…………..

PRE-MATCH SANDWICH LUNCH £3.50 ……………. £…………..

(MIN 10 PERSONS)

Please email this form to: Match Secretary

ROSEMARY WARREN (07857618071) nannyrosemary9@gmail.com or

matchsec@eastdorsetibc.org.uk

EDIBC, STONEY LANE SOUTH, CHRISTCHURCH BH23 1HW Club: 01202 483317

Office use

Invoice to: Total Payable: £……………………..

Copy to Caterer: …………. Office: ……………

AMENDMENTS ………………………………………………….