

SYNDICATE REQUEST FORM

9th Jan 2017 – 2nd April 2017 (12wks)

PLEASE COMPLETE AND RETURN REQUEST FORM TO THE BAR/RECEPTION.

YOU WILL BE EMAILED WITH CONFIRMATION OF YOUR REQUEST. PLEASE NOTE ALL SYNDICATES MUST COMPLETE THIS FORM, PLEASE DO NOT RELY ON VERBAL REQUESTS ALREADY MADE, OR ASSUMPTIONS THAT YOUR SYNDICATE WILL CARRY ON FROM LAST YEAR.

Name of Syndicate Captain

.....

Email Address

.....

Day	Start – Finish Dates (if different from above)	Time	Number of Courts (Max 2)

Number of Players in Syndicate

.....

Member Names:

.....

Non Member names:

.....

Total Cost (To be completed by club staff)	
Method of Payment (£/CC/BACS)	

- Any oversubscribed slots will be drawn in a ballot.
- Captains will be contacted and offered slot, once accepted captains will be sent invoices.
- **Payment to be made in full by the Captain or split between the 4/8 players prior to the syndicate start date.**
- We can accommodate different start and finish dates, so please advise on the form if different.