

ROCKINGHAM DISTRICT HOCKEY CLUB



TURF BOOKING APPLICATION

DATE REQUIRED; _____

START TIME; _____ FINISH TIME; _____

NAME; _____

PURPOSE; (i.e. coaching clinic, training, game etc) _____

TURF REQUIRED; FULL FIELD / HALF FIELD (circle)

LIGHTS REQUIRED; YES / NO (circle)

APPROVED; YES / NO

FACILITY DIRECTOR SIGNATURE; _____