

## AMALGAMATED FISHERIES LTD MATCH BOOKING REQUEST FORM

Name of applicant:

Name of Club or Organisation:

Address of applicant:

Post Code:

Telephone number:

Email address:

I hereby apply for a match booking of \_\_\_\_\_ pegs

Date \_\_\_\_\_ Venue \_\_\_\_\_

Day \_\_\_\_\_

I Agree on behalf of my organisation to be responsible for paying the due peg fees within 14 days of the match being completed.

Signed \_\_\_\_\_

Please download, print, complete and post to:

Mrs Patrica Leonard

48 Abbots Road

Hanham

Bristol BS15 3NG

Tel: 01179 603378

[patrica.leonard@homecall.co.uk](mailto:patrica.leonard@homecall.co.uk)

Postal applicants please enclose a SAE for confirmation return sheet.