## **Swimming Auckland**

## POOL BOOKING SHEET



PO Box 300 633 Albany Ph: 448 1480 Fx: 415 4594 Email: info@akswim.co.nz Website: www.akswim.co.nz

CLUB NAME:						TYPE OF MEET e.g. Level :					DATE:			
Please record start (NOT BEFORE 8.00AM) & finish times below and circle your other session requirements below:														
SESSION 1 DAT		Warmup		Pool		Divewell		Meeting Room		SAS		AOD		
Start:	Finish:	Main	Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
SESSION 2 DAT	War	Warmup		Pool		Divewell		Meeting Room		SAS		AOD		
Start: Finish:		Main	Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
SESSION 3 DATE:		War	Warmup		Pool		Divewell		Meeting Room		SAS		AOD	
Start:	Finish:		Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
SESSION 4 DATE:		War	Warmup		Pool		Divewell		Meeting Room		SAS		AOD	
Start:	Finish:	Main	Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
Other Requirements														
PA System		Chairs	Chairs (400)		Ta	bles <mark>(3)</mark>		False Start Ropes			Backstroke Flag			
Yes	No	Yes	es No		Yes	No	No		No		Yes	No		
Confirmed and signed														
Signature Printed			Printed	Name					Club Position					
This account will be invoiced directly the club named above														
OFFICIAL USE ONLY														
Booking Confirmed by:						Notes:								