Swimming Auckland

POOL BOOKING SHEET



PO Box 20241 Henderson Ph: 448 1480

CLUD MAME.		TYPE OF MEET	DAT
Email. <u>info@akswim.co.nz</u>	Website: <u>www.akswim.co.nz</u>		

CLUB NAME:						TYPE OF MEET					DATE:			
Please record s	start (NOT BEFOR	RE 8.00AM) & f	inish time	s belov	w and circ	le your c	other ses	sion re	quirements be	ow:				
SESSIONS	War	Warmup		Pool	Divewell		Meeting Room		S	SAS		AOD		
DATES:														
Start:	Finish:	Main	Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
SESSIONS		War	Warmup		Pool		Divewell Me		Meeting Room		SAS		AOD	
DATES:														
Start:	Finish:	Main	Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
SESSIONS		War	Warmup Pool		Divewell		Meeting Room		SAS		AOD			
DATES:														
Start:	Finish:	Main	Divewell	25m	50m	Yes	No	Ye	es No	Yes	No	Yes	No	
Other Requiren	nents													
PA System		Chairs	Chairs (400)		Tables (4))		False Start Ropes		6	Back	stroke Flag		
(Yes)	No	Yes	No		Yes	N	0	Yes	No		Yes		No	
Confirmed and	signed													
Signature		Printed Name:			Club Position			:						
OFFICIAL LICE		This	account w	ill be ir	nvoiced dir	ectly to th	ne club na	med ab	ove					
OFFICIAL USE ONLY														
Booking Confirmed by						Notes:								