

THUNDERMITE LEAGUE PITCH ALLOCATION FORM - 2010/11

CLUB		AGE GROUP	
------	--	-----------	--

PITCH NAME/LOCATION (Please include Full Address & Postcode)
--

KICK-OFF TIME	
---------------	--

PERSON IN YOUR CLUB WHO IS RESPONSIBLE FOR YOUR PITCH ALLOCATION :-
TELEPHONE NO :

Please indicate your pitch availability .

am	sept	pm	am	oct	pm	am	nov	pm	am	dec	pm			
	-			3			7			5				
	-			10			14			12				
				17			21			19				
	19			24			28		no	26	fix			
	26			31										
am	jan	pm	am	feb	pm	am	mar	pm	am	apr	pm	am	may	pm
	2			6			6			3			1	
	9			13			13			10			8	
	16			20			20			17			15	
	23			27			27			24			22	
	30												29	

Please return to you league rep by 19th of July 2010.

Non returns :- The league will assume that you have a pitch every week.