

Expression of Interest



Thank you for your enquiry regarding benecosMavericks. Please complete the information below and return to sender and we will get back to you within 14 days.

Name	Mr / Mrs / Miss	First Name	Surname
Club / Company / Organisation / School			
Contact Address		Post Code	
Tel No.			
Email			

Type of request (please tick accordingly)	Coaching	
	Workshop	
	Appearance	
	Officiating	
	Other * (please state)	

Age range of attending players (if they cross over please tick all that apply)	4 - 8 years of age	
	9 - 12 years of age	
	13 - 16 years of age	
	17 + years of age (adult)	
	Other* (please state)	

No. of players	
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Venue - do you have a venue to use?	Yes	No
	Yes - please state name and address	
	No - please advise area in which you would require the session to be delivered	

Preferred Dates	
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Duration of session (hours)	
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Comments (please use this section to outline the ability / reason for the required session)	
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Thank you for taking the time to complete the Expression of Interest, we will review the information you have provided and do our best to facilitate your request. All costings related to your enquiry will be supplied with the response outlined in an official quote.