## CM Trophy India International Challenge 2024

**PRACTICE REQUEST FORM**

Please complete and return this form to[Indiaicraipur@badmintonindia.org](mailto:Indiaicraipur@badmintonindia.org)not later than **29th October 2024.**

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| --- | --- | --- | --- |
| **Name of Member Association:** |  | | |
| **Contact Person:** |  | | |
| **MOBILE NUMBER:** |  | **PHONE NUMBER:** |  |
| **E-MAIL:** |  | | |

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| --- | --- | --- |
| Date | Time | No of Players |
| 11 November 2024 |  |  |
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(Additional details can be submitted in other sheet of paper)

**NOTES**:

1. Please comply with the transport schedule provided. Otherwise, player/team is solely responsible on your own transportation.
2. All requests are subjected to the discretion and approval of the Tournament Referee.