

MAURITIUS SPORTS COUNCIL

Royal Road, Belle Rose

RESERVATION FORM

Ref No:

NAME OF USER: (Individual / Institution)	DATE APPLIED:
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ADDRESS:

TELEPHONE:	MOBILE:
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FAX:	EMAIL:
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SPORTS INFRASTRUCTURE:

PLEASE SPECIFY NO OF LANES / COURTS / TABLES, ETC (IF APPLICABLE)

PURPOSE OF RESERVATION: (Training; Competition; Gala; Heat; Sports Day; Others)

- 1.
- 2.
- 3.
- 4.

PROPOSED DATE OF RESERVATION:	TIME PROPOSED		FOR OFFICE USE ONLY	
	From	To	Available & Approved (A)/ Not Approved (NA)	OVERTIME IMPLICATION Yes (Y) / No (N)
1				
2				
3				
4				
5				

NAME OF APPLICANT:	SIGNATURE:
DESIGNATION:	

FOR OFFICE USE ONLY

PROPOSED/AGREED AVAILABLE DATES (If proposed date(s) already booked by another user)	TIME PROPOSED		OVERTIME IMPLICATION
	From	To	(YES/NO)
1.			
2.			
3.			

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COMPUTATION OF RENTAL PAYABLE: (Hourly Rate x No. of Hours x No. of Days) + Overtime Charges (where applicable)				
Details of Reservation Dates	Applicable Hourly Rate	No. of Hours Reserved	No. of Days	TOTAL (Rs)
1.				
2.				
3.				
4.				
5.				
6.				
SUB -TOTAL				
OVERTIME PAYABLE:				
GRAND TOTAL				

NAME OF PREPARER:.....

SIGNATURE:.....

DATE:.....

NAME OF CASHIER:

SIGNATURE:.....

Receipt No Issued:

Date:

Stamp dated "PAID":