# Mise à disposition d'une salle

Indoor 2018-2019

**Nom du club :**

**Nom de la salle :**

Personne de contact (salle ou club):
Tél: Email:

| Jour | Date | Heures | Catégorie(s) | Remarque(s) |
|---|---|---|---|---|
| *p.ex.* Dimanche | 29/11/2017 | 08.30 – 12.30 | Poussins ou Pupilles | Hall 2 |
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Lieu & date: ,le

Envoyer ce formulaire à: futsal@football.lu