

Filling in instructions on the flipside					
Bookings you are applying for	r				
Season / 20 – /	20 See seasonal book	ing instructions <u>www.o</u> .	uka.fi/en/booking-exercise-fac	cilities/applying-bookings	
Exercise facility	Sport		Day of the week	Time	
Number of bookings per week Additional information	pcs				
User group	League tier/age gr	oup.	Estimated number of	users ner session	
osei gioup	League tier/age giv	League tier/age group		Estimated number of users per session	
All users are under 18 years old	All u	All users are over 65 years old			
Person making the booking (a	dult)				
Last name	First name	First name		Phone number	
E-mail address					
Paying party (required inform	ation for booking p	rocessing)			
Registered sports club	Private individ	ual	Company or some other association		
Business ID	SSN		Business ID		
Name of the paying party		Billing contact pe	rson		
Billing address		Postal code	Post office	Post office	
Electronic Invoice address			Broker ID		
By signing this contract, you accept that terms of use. More information on inform Booking terms of use: <a href="https://www.ouka.fi/en/lectiv">www.ouka.fi/en/lectiv</a> of Oulu will send paper invoices to Please ensure all information is accurate	nation recording and privace booking-exercise-facilities, companies and association	cy policy: <a href="www.ouka.fi//applying-bookings">www.ouka.fi//applying-bookings</a> ons to the address fou	/tietosuoja/tietosuojaselostee	<u>et</u> .	
Date and Signatures					
Place and time		Signature & print name of the person making the bookingss		Signature & print name of the paying party	
Deliver the paper application to:					

Postal address Oulu 10 Service Point P.O. box 27 90015 CITY OF OULU Visiting address Torikatu 10 90100 Oulu Phone number 08 558 558 00

Additional information:

www.ouka.fi/en/booking-exercise-facilities



## Instructions for completing the application/ example

Season See seasonal booking instructions <u>www.ouka.fi/en/booking-exercise-facilities/applying-bookings</u> and specify here wish to apply for a shorter period.							
Exercis	e facility	Sport		Day of the week	Time		
Oulu Hall	l, dance studio	Dance		Monday	20–21		
Kaakkuri school, large gym		Floorball		Tuesday	17–18		
Number	of bookings per week 2	nce					
	al information	pcs					
Please spe	ecify your booking preference	es here, such as the length of a	single session.				
User grou	ıp		League tier/age group		Estimated number of users per session		
Name of y	your group here	For example, regiona 7 year-olds	For example, regional league, d-age, 7 year-olds		Estimated number of persons		
All u	sers are under 18 years old	All use	ers are over 65 years c	old			
Person	making the booking	(adult)					
Last name	e	First name		Phone number			
Paving	party (required infor	mation for booking pr	ocessina)				
	stered sports club	Private individua	T		Company or some other association		
Business I	•	SSN			Business ID		
Name of the paying party For example, name of private individual, sports club, or such as the enath of a single session.		Billing contact person for example, treasurer of the organization					
Billing address		Postal code	Post office				
Electronic	Electronic Invoice address			Broker ID			
terms of u Booking t City of Ou	use. More information on info terms of use: <a href="www.ouka.fi/er">www.ouka.fi/er</a> ulu will send paper invoices to	at your information is recorded ormation recording and privacy or/booking-exercise-facilities/a to companies and association ately recorded in the registry	policy: <a href="www.ouka.fi/tie.gplying-bookings">www.ouka.fi/tie.gplying-bookings</a> s to the address found	etosuoja/tietosuojaselostee	<u>et</u>		
Date an	nd Signatures						
Place and time			Signature & Print Name of the person making the bookingss		Signature & Print Name of the paying par		
		The signature and prin	The signature and print name of the person making the booking		On behalf of organizations, signature and print name are required from a person with authorit to sign documents.		