



APPLICATION FOR RESERVED COURT TIME

Name (Captain) _____
 Address _____
 Telephone # (home) _____ (cell) _____ Email _____

Please indicate your preference for reserved court time for the **2016/2017** season

1st Choice – Time _____ Day of the week _____
 2nd Choice – Time _____ Day of the week _____

If you are switching your present time, please indicate what time and day your group played in the **2016/2017** season.

In the table below, please list the name, address, telephone number, email address, and the amount each member will be responsible for paying for each person in your group. Please use the back of this form for additional information.

Name	Address	Telephone	Email	Amount To Pay
		(H) (C)		
		(H) (C)		
		(H) (C)		
		(H) (C)		
		(H) (C)		
		(H) (C)		
		(H) (C)		
		(H) (C)		

FOR OFFICE USE ONLY

Date application was received _____ By _____