2014 **TOWN OF BEDFORD** 2014

PLATFORM TENNIS COURTS
REQUEST FOR STANDING RESERVATIONS

JANUARY & FEBRUARY

The following individuals hereby request the establishment of the reservation (s) noted below for use by their playing group. We understand that this request is subject to the approval of the Superintendent of Recreation and Parks, and that the Superintendent reserves the right to approve, reject or cancel any reservation at any time as he determines to be in the best interest of the overall Town program.

THE FEE RANGE FOR JANUARY & FEBRUARY WILL BE BETWEEN $140.00 AND $170.00 BASED ON THE DAY RESERVED.

PLEASE PRINT

Primary Group Contact: Date: _____

Name _____

Address _____

Home Telephone_____ Cellular Telephone_____

E Mail Address_____

Additional Players in Group: **PLEASE PRINT**

1. Name_____ Phone_____

   Address_____

   Cell: _____

2. Name_____ Phone_____

   Address_____

   Cell: _____

3. Name_____ Phone_____

   Address_____

   Cell: _____

4. Name_____ Phone_____

Address_____

Cell: _____

5. Name_____ Phone_____

Address_____

Cell: _____

6. Name_____ Phone_____

Address_____

Cell: _____

7. Name_____ Phone_____

Address_____

Cell: _____

8. Name_____ Phone_____

Address_____

Cell: _____

Facility Requested (check one)

Primary Group User Contact Name: _____

Check One:

Bedford Village Memorial Park Courts: _____
or
Katonah Memorial Park Courts: _____

Day: _____

Time Block: (check 1st, 2nd and 3rd choices)

5:00pm – 6:50pm_____ **7:00pm – 8:50pm** _____ **9:00pm – 10:50pm** _____

OTHER: TIMES: from: _____ To: _____

Number of Courts Requested: _____

JANUARY & FEBRUARY 2014 – SESSION 2

(Based on a 2hr time block for 1 court)

Session 1 – FEE TO BE CHARGED: _____

Note: Applications will be accepted through December 10th. Approvals will be sent out no later than December 13th. Every effort will be made to accommodate all group reservations requests.

Applications can be submitted to the Recreation Office, scanned and emailed or faxed to 666-3863

Questions: email Bill Heidepriem at wheidepriem@Bedfordny.gov

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Date Received: _____

Approved_____Modified_____

Day: _____Times: _____

Fee: $ _____

_____
Superintendent Date

Cc: Parks Dept (2) Police Dept. Office File