

2014

TOWN OF BEDFORD
PLATFORM TENNIS COURTS
REQUEST FOR STANDING RESERVATIONS

2014



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 _____

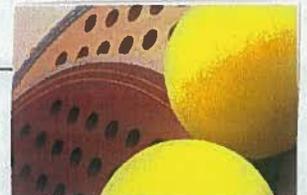
Address _____

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

Date Received: _____

Approved _____ Modified _____

Day: _____ Times: _____

Fee: \$ _____

Superintendent

Date

Cc: Parks Dept (2)

Police Dept.

Office

File