

**2019**

**TOWN OF BEDFORD  
PLATFORM TENNIS COURTS  
REQUEST FOR STANDING RESERVATIONS**

**2019**

**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 AND FEBRUARY WILL BE BETWEEN \$120.00 AND \$180.00 BASED ON THE DAY RESERVED.***

**PLEASE PRINT**

**Primary Group Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

E Mail Address \_\_\_\_\_

**Additional Players in Group:** ***NOT REQUIRED FOR RENEWALS***  
**PLEASE PRINT**

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

5. Name \_\_\_\_\_

6. Name \_\_\_\_\_

7. Name \_\_\_\_\_

**Facility Requested (check one)**

Primary Group User Contact Name: \_\_\_\_\_

**Check One:**

Katonah Memorial Park Courts: \_\_\_\_\_

or

Bedford Village Memorial Park Courts: \_\_\_\_\_

**Day:** \_\_\_\_\_

Time Block: (check 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices)

5:00pm – 7:00pm \_\_\_\_\_ 7:00pm – 9:00pm \_\_\_\_\_ 9:00pm – 11:00pm \_\_\_\_\_

OTHER: TIMES: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Courts Requested: \_\_\_\_\_

**JANUARY & FEBRUARY 2019 – SESSION 1**

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

Session 1 – FEE TO BE CHARGED: \_\_\_\_\_

Note: Applications will be accepted through **December 17<sup>th</sup>**. Approvals will be sent out no later than **December 20<sup>th</sup>**. 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](mailto:wheidepriem@Bedfordny.gov)

Date Received: \_\_\_\_\_

Approved \_\_\_\_\_ Modified \_\_\_\_\_

Day: \_\_\_\_\_ Times: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Cc: Parks Dept (2)

Police Dept.

Office

File