



Ida Lee Park Tennis Center

2020-2021 Indoor Seasonal Contract Application

September 8, 2020 – April 9, 2021

Please type or print all requested information.

Contract Applicant: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

	Day of the Week	Starting Time	Ending Time
1 st Choice	_____	From: _____ (am/pm)	To: _____ (am/pm)
2 nd Choice	_____	From: _____ (am/pm)	To: _____ (am/pm)
3 rd Choice	_____	From: _____ (am/pm)	To: _____ (am/pm)

Number of Courts Requested: 1 2 3 4


- Please Check Box:
- | | |
|--|-------------------------------|
| <input type="checkbox"/> FULL SEASON | Sept. 8, 2020 – Apr. 9, 2021 |
| <input type="checkbox"/> FALL SHORT SEASON | Sept. 8, 2020 – Dec. 22, 2020 |
| <input type="checkbox"/> WINTER SHORT SEASON | Jan. 2, 2021 – Apr. 9, 2021 |
| <input type="checkbox"/> CUSTOM SHORT SEASON | Requested dates: _____ |

By signing this document, you agree that you have read and agree to abide by all rules and regulations of the Ida Lee Park Tennis Center. The Contract holder is responsible for collection and payment of all court costs. **Payment must be made by one credit card or by one check from the account of the contract holder.** Any credits due to facility closures will be credited solely to the contract holder. He/she will reimburse their players at their discretion.

Contract Holder Signature: _____ Date: _____

Official Use Only

Resident Non-Resident Returning Contract Holder



Winter Contract Received On: _____

Start Date: _____ End Date: _____ Hours per Week: _____

Total Hours: _____ Hourly Rate: _____ Total Due: _____

Automatic Deduction: April 27: _____ June 15: _____ August 15: _____



Ida Lee Park Indoor Tennis Center 2020-2021 Indoor Seasonal Court Time PAYMENT AGREEMENT

Name: _____

Address: _____

Phone #: (____) _____

CREDIT CARD INFORMATION:

We will contact you to collect the payment information and complete the transaction upon the court assignment.

Agreement:

- I understand and agree that this financial agreement is for the Indoor Seasonal Tennis Reservation from September 8, 2021 to April 9, 2021. Please check box:

FULL SEASON FALL SHORT SEASON WINTER SHORT SEASON CUSTOM SHORT SEASON

- (Please initial **ONE** option below)

Installments _____ I hereby authorize and request the Town of Leesburg, Parks and Recreation Department to charge my credit card or check card and authorize the banking institution to charge my account on **April 27, 2020, June 13, 2020 and August 15, 2020** in 3 equal installments of the total balance due.

Total Balance _____ I hereby authorize and request the Town of Leesburg, Parks and Recreation Department to charge my credit card or check card and authorize the banking institution to charge my account on **April 27, 2020** in one installment for the total balance due.

- I understand that I am responsible to notify the Town of Leesburg, Parks and Recreation Department if *any* of my bank account or credit card information changes.
- Should *any* charges be declined by my banking institution for *any* reason, I realize that I am still responsible for that payment plus a late fee of \$35.00.
- It is to my complete understanding that if I wish to terminate the seasonal court time that I must do so in writing and I understand that no refunds or substitutions will be issued.
- I have read and agree to comply with the Payment Agreement Options information printed on this form.

Print Name: _____

Sign Name: _____

Date: _____

