



# Ida Lee Park Tennis Center 2026-2027 Indoor Seasonal Contract Application

September 8, 2026 – April 4, 2027

Please type or print all requested information.

Contract Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of Courts Requested: 1  2  3  4

**State which day of the week (Mon, Tue, Wed, Thu or Fri), and choose one of the time blocks.**

**1<sup>st</sup> Choice** \_\_\_\_\_  7:30am-9am,  9am-10:30am,  10:30am-12pm,  12pm-1:30pm,  
 1:30pm-3pm,  3:00pm-4:30pm,  7pm-8:30pm,  8:30pm-10pm

**2<sup>nd</sup> Choice** \_\_\_\_\_  7:30am-9am,  9am-10:30am,  10:30am-12pm,  12pm-1:30pm,  
 1:30pm-3pm,  3:00pm-4:30pm,  7pm-8:30pm,  8:30pm-10pm

**3<sup>rd</sup> Choice** \_\_\_\_\_  7:30am-9am,  9am-10:30am,  10:30am-12pm,  12pm-1:30pm,  1:30pm-3pm,  
 3:00pm-4:30pm,  7pm-8:30pm,  8:30pm-10pm

If you need 1 hr. or 2 hr. slot, please check the box:  1hr. Time: \_\_\_\_\_,  2hr. Time: \_\_\_\_\_

| <b>For Saturday or Sunday:</b>     | Starting Time       | Ending Time       |
|------------------------------------|---------------------|-------------------|
| <b>1<sup>st</sup> Choice</b> _____ | From: _____ (am/pm) | To: _____ (am/pm) |
| <b>2<sup>nd</sup> Choice</b> _____ | From: _____ (am/pm) | To: _____ (am/pm) |
| <b>3<sup>rd</sup> Choice</b> _____ | From: _____ (am/pm) | To: _____ (am/pm) |

|                      |  |                               |
|----------------------|--|-------------------------------|
| Please<br>Check Box: | <input type="checkbox"/> FULL SEASON         | Sept. 8, 2026 – Apr. 4, 2027  |
|                      | <input type="checkbox"/> FALL SHORT SEASON   | Sept. 8, 2026 – Dec. 23, 2026 |
|                      | <input type="checkbox"/> WINTER SHORT SEASON | Jan. 2, 2027 – Apr. 4, 2027   |
|                      | <input type="checkbox"/> CUSTOM SHORT SEASON | Requested dates: _____        |

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# PAYMENT AGREEMENT

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 the 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 refunds due to facility closures will be credited solely to the contract holder.

***Individuals that reside outside of the Town of Leesburg corporate boundaries are required to pay a \$4.00 Non-Resident fee per visit in addition to applicable court fees upon entrance to the facility.***

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, 2026, to April 4, 2027. 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 **May 4, 2026, June 1, 2026, and August 3, 2026** 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 **May 4, 2026**, 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.

Contract Holder Signature: \_\_\_\_\_

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