

# CITY OF COLLEYVILLE PARKS & RECREATION DEPARTMENT TENNIS COURT RESERVATION FORM

With my reservation of Colleyville tennis court(s), I hereby assume that this property will be under my care, custody, and control on the following date and time listed below:

Reservation Date: \_\_\_\_\_ Reservation Time: \_\_\_\_\_ (1 ½ hour period)

Number of Players \_\_\_\_\_ Court(s) # \_\_\_\_\_

Resident Fee            \$2.00 per player for 1 ½ hours

Non-Resident Fee    \$4.00 per player for 1 ½ hours

Tennis Fee Paid \$ \_\_\_\_\_

I understand and will comply with no alcoholic beverages allowed.

I agree to release, absolve, indemnify and hold harmless the City of Colleyville, its employees, officials and all others arising out of this reservation agreement.

Name (please print): _____		Signature: _____	
Address _____		City _____	
Day Time Phone #: _____		Evening Phone #: _____	

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Parks and Recreation Department: \_\_\_\_\_