

Herndon Parks and Recreation Department Indoor Tennis Court Contract Rental Application 2024-25 Season at Bready Park

Please submit your preferred times for contract play and include the non-refundable deposit of \$100 for each court reserved required to hold your reservation. If we are unable to honor your request, your deposit will be returned.

Applicant'	s Contact Inf	ormation:					
NAME (First & L	ast)						
ADDRESS							
CITY			STATE ZIP				
EMAIL			PHONE			□НОМЕ	□WORK
Please indicate	e your primary re	ental choice with an optional c	choice in case you	ır primary choic	e cannot be fu	ılfilled:	
CHOICE	DAY	FROM-TO (am/pm)	TENNIS COURT NUMBER		DITIONAL SKIP D 1 2024 & two in 202		ed)
Primary							
Optional							
other incoming the per control of the per control o	ng applications. s after confirmations act and per char ders shall make or rly proof of resident t be age 65 or over	contract time from the previous on by the Indoor Tennis Managage. The payments of the appropriate to receive a discount for the appropriate of th	ger for court contro I be accepted from oplication. *TO season. A senior o	act rental are su m other players. OH Resident OI discount is only	bject to a <u>\$50</u> *Town of Hern Non-Resident available durir	adminis don resid	<u>trative</u> dent rate
777 Lynn Stre	et, Herndon, VA 2	osit (check or credit card payr 20170 - Attention: Indoor Tennis 20170; or email parksandrec@	Manager; deliver	to Herndon Con	nmunity Cente		
6. Upon confirm Please return first contract open. Contra	nation of your ren n your signed con n payment due da not payments ma	tal choice, a contract will be set tract no later than 3 weeks afte te, the contract will be conside y be made by cash, credit card payment must be received bef	nt to you for your si er receipt. If your si ered void, and the o d or by check mad	ignature along v gned contract is corresponding c e payable to the	vith a payment s not returned i ourt time will b	n advan e consid	ce of the dered
Deposit Payment Information:				OFFICE USE ONLY			
□Cash □Check □VISA □Mastercard □American Express □Discover				Processed by:			
CREDIT CARD#				Date/Time Rece	eived:		
		AMOUNT \$					
PRINT NAME OF	CARD HOLDER	DATE				(*тон	Rev 6/24