TENNIS COMPLEX
PERMIT REQUEST FORM
(Note: This is only a request form, you will be contacted with a confirmation number depending on availability)

All fields must be complete. Submissions must be made a minimum of 7 days before requested date.

Date(s) Requesting _______________________________
Start Time Requesting __________________
End Time Requesting __________________
Organization Name ___________________________________________________
Attendance # __________________________
Event Description _____________________________________________________
_____________________________________________________________________
_____________________________________________________________________

FACILITY REQUEST

Indoor Courts

- Tennis Related
  - 1 court $20/hr x (hrs) _______
  - 4 courts (max) $20/hr x (hrs) _______
- Non-Tennis Related
  - 4 courts (max) $20/hr x (hrs) _______ (plus $50 set up & tear-down fee) = ________

Outdoor Courts

- 1 court $5/hr x (hrs) _______
- 3 courts $15/hr x (hrs) _______
- 6 courts (max) $30/hr x (hrs) _______

EQUIPMENT REQUEST

Facilities/Equipment Requested

- Ball Machine Rental $5/hr (can be reserved) $___________
- Racquet Rental $2/racquet x(#) _______

BILLING

Ball Machine Rental
- Charge Account
- Pay Individually
- Pay-on-site

Racquet Rental
- Charge Account
- Pay Individually
- Pay-on-site

Court Fees
- Charge Account
- Pay Individually
- Pay-on-site

Payment Option:
- Ohio Univ. Acct. # _______________________________
- Pay-on-site
  - Invoice
  - Pay Individually

Total Charges $_________________________

For office use only

Date Received:    Time received:    am/pm
Confirmation #:    Estimated Rental Fee: $
AGREEMENT

If your organization plans on using the Tennis Courts on a regular basis then a finalized schedule must be turned in for the entire academic quarter. The organization will be held financially liable for any times that are approved and permitted. Any cancellations will need to be made fourteen days in advance or the organization will be charged for the usage time. If charging to an account, bill will be sent out at the end of the month and payment is due two weeks thereafter.

Other Arrangements or Requests: ____________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please make checks payable to: Ohio University -Golf & Tennis Center

I agree all information above is correct and I will be responsible for all costs incurred.

_________________________________________  ________________________________________
Signature        Date

Please return to:
Ohio University Golf and Tennis Center
Attn: Travis Post
1 Ohio University
Athens, OH 45701
Email: Postt@ohio.edu
Phone: (740)593-9406
Fax: (740) 593-0573
www.ohio.edu/recreation