

Department mailing address and location: 7 Fan Hill Road, Monroe, CT 06468

DATE OF APPLICATION _____

DATE RECEIVED IN PARKS AND RECREATION OFFICE _____

PLEASE PRINT AND COMPLETE ALL INFORMATION

Person requesting use _____ Usage Date _____

Total number of people expected _____ Number of residents _____ Number non-residents _____

INDICATE COURT AND TIME PREFERENCE 1st 2nd 3rd CHOICE

____ Tennis Court 1	____ Pickleball Court 6A	____ 7:30am-8:45am	____ 3:00pm-4:15pm
____ Tennis Court 2	____ Pickleball Court 6B	____ 9:00am-10:15am	____ 4:30pm-5:45pm
____ Tennis Court 3	____ Pickleball Court 7A	____ 10:30am-11:45am	____ 6:00pm-7:15pm
____ Tennis Court 4	____ Pickleball Court 7B	____ 12:00pm-1:15pm	____ 7:30pm-8:45pm
____ Tennis Court 5	____ Pickleball Court 8A	____ 1:30pm-2:45pm	
____ Tennis Court 6	____ Pickleball Court 8B		
____ Tennis Court 7			

Reservation fee is \$1 per person per reservation time slot for Monroe residents and \$4 per person per reservation time slot for non-residents.

Not all courts or time slots will be available due to department programming, which takes priority.

Check website for exclusion dates. Staff in office will alert you when you inquire if what you are requesting is open.

Checks payable to the "Town of Monroe" or credit card info must be submitted with application or the application CAN NOT be accepted. The undersigned does hereby individually and as duly authorized agent for the applicant hold the Town of Monroe harmless from any loss claim expense or liability arising out of persons and groups using Town of Monroe Parks and Recreation facilities pursuant to this application. The undersigned, individually and as duly authorized agent for applicant further agrees to comply with all rules and regulations associated with the Town of Monroe Parks and Recreation facilities.

PAYMENT INFORMATION – all info must be complete to process

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Check# Amt

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☐ Master Card ☐ Visa ☐ Discover

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Exp. Date

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security code from back of card

Permit # _____

By: _____

Name as it appears on card _____

☐ Billing address is same as address above. If different please provide billing address [include city, state, zip] _____☐ This is a commercial/company credit card. Please provide company name _____**You must submit legible copy of your driver's license**

Printed Name _____

Address _____

Street

Town

Zip

Telephone # _____

Signature _____

Email address _____