



TENNIS COURT APPLICATION & AGREEMENT

INSTRUCTIONS: 1. Read and observe all policies (See CS Policy/Procedures, Section IV). 2. Submit at least thirty (30) days prior to event. 3. This reservation is valid only upon receipt of approved application. 4. Submit completed application via mail, fax or email.	MAIL: City of Irvine Community Services Department - Tennis Court Reservations P.O. Box 19575 Irvine, CA 92623-9575 FAX: 949-955-3596	Court Reservations: 949-724-6785	Ambassador Hotlines: 949-254-1444 949-337-5238 949-337-5827
		EMAIL: vbranches@cityofirvine.org	

CUSTOMER NAME		ORGANIZATION / CITY CATEGORY		TENNIS FACILITY REQUESTED	NUMBER OF COURTS
ADDRESS		CITY	ZIP	DATE(S) REQUESTING FROM TO	HOURS (MUST include set-up and clean-up) START <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. END <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
HOME PHONE	WORK PHONE	MOBILE PHONE	FAX	CONCESSION STAND(S)	HOURS (Must include set-up and clean-up) START <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. END <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
EMAIL				DAY(S) OF WEEK <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	

EVENT INFORMATION		PAYMENT INFORMATION				
TYPE OF EVENT	ATTENDANCE	AMOUNT	DEPOSIT	RENTAL FEE	VENDOR FEE	BALANCE DUE
NOTES		DUE DATE				
		AMOUNT PAID				
		<input type="checkbox"/> CHECK NO. _____ <input type="checkbox"/> CASH \$ _____ EXP. DATE _____ <input type="checkbox"/> CREDIT CARD # _____ CARDHOLDER NAME* _____ SECURITY# _____				
VENDOR BOOTH - SET UP DETAILS	IRVINE BUSINESS LICENSE #	ADDITIONAL REQUIREMENTS				
FOOD VENDOR - SET UP DETAILS	IRVINE BUSINESS LICENSE #					
O.C. HEALTH TEMPORARY FOOD FACILITY (TFF) PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVAL DATE					
		EXTRA TRASH PICKUP <input type="checkbox"/> NO <input type="checkbox"/> YES	INS. & ENDORSEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES	EXP. DATE _____	PORTER SERVICE <input type="checkbox"/> NO <input type="checkbox"/> YES	EXP. DATE _____
				SITE MEETING <input type="checkbox"/> NO <input type="checkbox"/> YES		

FACILITY USERS AGREEMENT: The undersigned, both individually and on behalf of the above-named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees, and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributorily in connection with such liability.

I CERTIFY THAT WE HAVE RECEIVED AND READ THE RULES AND REGULATIONS IN THE PUBLIC RESERVATION AND FEE POLICY. I, THE UNDERSIGNED, DO HEREBY AGREE THAT WE WILL ABIDE BY THE POLICIES GOVERNING THE USE OF THIS FACILITY AND WILL BE RESPONSIBLE FOR ANY DAMAGES TO THE FACILITY, FURNITURE, OR EQUIPMENT CAUSED BY OUR OCCUPANCY OF THE PREMISES. I UNDERSTAND THAT ANY VIOLATION OF THE ALCOHOL USE PERMIT POLICIES WILL RESULT IN IMMEDIATE TERMINATION OF OUR EVENT. I ALSO UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION RELATED TO THIS APPLICATION IS A VIOLATION OF CITY ORDINANCE #113, SUBJECT TO THE PENALTIES STATED THEREIN. **THE CITY OF IRVINE RESERVES THE RIGHT TO CLOSE COURTS BEFORE, AFTER OR DURING INCLEMENT WEATHER.**

APPLICANT SIGNATURE _____	DRIVER'S LICENSE NO. _____	DATE _____	FOR OFFICE USE ONLY	COMMUNITY SERVICES STAFF _____	DATE APPROVED _____
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