

Person submitting application: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

(Non-member) mailing address: \_\_\_\_\_

Email (print) \_\_\_\_\_ Number of courts requested: \_\_\_\_\_

|               | Names | Non-Member? | Full/half/qtr. slot? | Amount Paid | Amount to bill to member |
|---------------|-------|-------------|----------------------|-------------|--------------------------|
| 1             |       |             |                      |             |                          |
| 2             |       |             |                      |             |                          |
| 3             |       |             |                      |             |                          |
| 4             |       |             |                      |             |                          |
| 5             |       |             |                      |             |                          |
| 6             |       |             |                      |             |                          |
| 7             |       |             |                      |             |                          |
| 8             |       |             |                      |             |                          |
| 9             |       |             |                      |             |                          |
| 10            |       |             |                      |             |                          |
| 11            |       |             |                      |             |                          |
| 12            |       |             |                      |             |                          |
| 13            |       |             |                      |             |                          |
| 14            |       |             |                      |             |                          |
| 15            |       |             |                      |             |                          |
| 16            |       |             |                      |             |                          |
| 17            |       |             |                      |             |                          |
| 18            |       |             |                      |             |                          |
| 19            |       |             |                      |             |                          |
| 20            |       |             |                      |             |                          |
| 21            |       |             |                      |             |                          |
| 22            |       |             |                      |             |                          |
| <b>Totals</b> |       |             |                      |             |                          |

**Court and Time Requests**

| Order of Preference | Day | Starting Time | Court |
|---------------------|-----|---------------|-------|
| 1                   |     |               |       |
| 2                   |     |               |       |
| 3                   |     |               |       |
| 4                   |     |               |       |
| 5                   |     |               |       |

**EXAMPLE OF RATE CALCULATION:**

Eight members and two non-members request two courts during prime time:

**Step 1: Member Rate:** \$1,162 (\$581 x 2) / 10 people = \$116.20 per member.

**Step 2: Non-Member Rate:** \$2,484 (\$1242 x 2) / 10 people = \$248.40 per non-member.

Full payment for each non-member is due with the application.

Please draft my credit card for the deposit due: **(PRINT LEGIBLY)**

**\*\* 3% credit card processing fee will be applied \*\***

Card (circle) : VISA      MasterCard      Discover

Card number \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on card \_\_\_\_\_

Card billing address: street, city, state, zip \_\_\_\_\_

Signature of applicant/cardholder: \_\_\_\_\_