



RECREATION DEPARTMENT
7007 MOESER LANE
EL CERRITO, CA 94530
(510) 559-7000 Fax (510) 528-9413

Tennis Court Reservation

Player #1 Name _____ Permit#: _____

Day Phone: _____ Evening Phone: _____

Address _____ City _____ Zip _____

Player #2 Name: _____ Permit#: _____

Player #3 Name: _____ Permit#: _____

Player #4 Name: _____ Permit#: _____

Court _____ **#** _____ **Time** _____ **Date** _____ **Fee** _____

Court _____ **#** _____ **Time** _____ **Date** _____ **Fee** _____

Court _____ **#** _____ **Time** _____ **Date** _____ **Fee** _____

Court _____ **#** _____ **Time** _____ **Date** _____ **Fee** _____

I hereby absolve the City of El Cerrito, its employees and volunteers from all liability that may arise as the result of my participation in the above mentioned activities, and if the above named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing absolve the City of El Cerrito, its employees and volunteers from such liability. I realize that the City of El Cerrito is not responsible for lost or stolen articles.

Injury: I understand that participants in the City of El Cerrito programs/facilities do so at their own risk; and the City does not provide accident insurance.

Transfers/Refunds: A \$5.00 transfer fee will be applied per revised transaction. There will be no charge for rainouts. There are no refunds for activities sponsored by the City of El Cerrito unless the weather conditions are prohibitive.

I am aware that all players playing under their reservation must have in their possession a valid El Cerrito Tennis Permit. I understand that if anyone plays under this reservation without a valid Tennis Permit, my permit is at risk of being revoked.

Signature: _____ **Date:** _____

OFFICE USE ONLY

TOTAL BALANCE DUE: _____ AMOUNT PAID: _____ DATE PAID: _____
COURT PERMIT # _____ Staff Signature: _____ Recorded in Book? YES NO
Rental Coordinator Signature: _____