City Of Prescott Tennis Court Rental Request Form

Organization/ Name____________________________ Point of Contact________________________
Address_______________________________ City___________________ ST______ Zip___________
Day Phone (____)_____________ Evening Phone (____)_____________ Fax (____)_____________
Email __________________________________ Estimated Attendance _________________________

ACTIVITY: ☐ Tournament   ☐ League   ☐ Camp/Clinic   ☐ Other________________________

REQUIRED DOCUMENTS/ADDITIONAL SERVICES:
☐ Certificate of Liability & Additional Endorsement Certificate
☐ Vendors/Food ___________________________ Business License Obtained/Permit*
☐ Special Event Application Completed/Site Plan Included
☐ Sanitation Fees (if applicable)

*All Vendors must be supplied to the City prior to approval. If Food and/or Drink of any kind
will be served, you must contact the Yavapai County Health Dept. at (928) 771-3149 and have all
forms completed prior to the tournament or event. Vendors will be required to leave the event if
payment/license has not been received/issued prior to the event. All Vendors must also obtain a
business license to operate in the City. The license application is on the City’s website and the
annual fee is $35.

EVENT INFORMATION ie. GSAC Court 1, 2, 3, 4

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<th>Courts Requested</th>
<th>Activity</th>
<th>Start Date</th>
<th>End Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>PPA MEMBER?</th>
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All tournaments/Events require a Certificate of Liability naming the City of Prescott as the additional insured for up to
$1,000,000. The City also requires an “Additional Insured Endorsement” along with the Certificate of Insurance.

The terms and conditions, together with the policies and guidelines shall constitute a contract
between the applicant and the City of Prescott.

I have read all of the printed policies and guidelines for the use of the City of Prescott facilities. I understand and plan for
the group I represent to apply to all the policies and guidelines.

Applicant’s Signature ____________________________ Date ____________________________