

City of Los Angeles
 Request for **USTA** Pay Tennis
 Fax: (213) 485-8761
 Email: Park.Services@lacity.org

Today's Date: _____

Facility Requested: _____

Team Name: _____

Team Card Number: _____

Captain/Co-Captain: _____ Signature: _____

Address: _____

Street City State Zip Code

Email: _____

Phone Number: _____ Fax Number: () _____

Reservation Date(s):

Month:	Day(s):	Hours of Play:	Total Number of Courts Requested:

Amount Due at Booth Before Each Day's Play: \$ _____

Court Numbers: _____ (Note: 50% of courts must be available for public use at all times)

OFFICE USE

Is there another permit issued for this date and time? Y___ N___

Approved: YES ___ NO ___ By: _____ Date: _____

For new team cards please mail
 \$15.00 check to:
 City of L.A., Pay Tennis
 P.O. Box 5385
 Glendale, CA 91221-5385