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Court and Use of space Application form

Applicant Information:

Name: _____
Organization: _____
Address: _____
Telephone: _____
Email: _____

Purpose to use

Program or Event Name: _____
Description: _____
Number of Attendees: _____
Dates and Time: _____

Space Requested:

Court # _____

Rates:

Hourly, Daily or Per Team : _____
Court #: _____
Time: Start _____ Ending _____

Payment Information:

Acceptable forms of payment are cash, check, Visa or Mastercard. A credit card number is required to reserve space at High Performance Volleyball Academy. There is a \$50 service fee for any returned checks.

Applicant/Organization accepts responsibility to abide by all procedures outlined in this Use of space Agreement and understand all penalties associated with not abiding by these stipulations. The applicant furthermore agrees to indemnify and hold harmless High Performance Volleyball Academy and its agents any and all losses, injuries or damages to any person or thing that shall arise from the applicant's use of High Performance Volleyball Academy.

Signature of applicant: _____ Date: _____

Credit card-V() MC () AMEX()#: _____

Exp Date: _____ Code: _____

Amount: _____

Cash or Check # _____