

**NEW CASTLE COUNTY DEPARTMENT OF COMMUNITY SERVICES PERMITS SECTION**

**Walk In: Garfield Park Activity Center, 26 Karlyn Drive, New Castle, DE 19720**

**Mail in: Gilliam Building, 77 Read's Way, New Castle DE 19720 Phone # 571-4006**

**APPLICATION FOR TENNIS COURTS PERMIT**

(Please print)

Name of Applicant \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**Please list all dates you are requesting and remember to use proper code listed below.**

Codes: T=Tournament M= Match RD=Rain date Anticipated Attendance: \_\_\_\_\_ Group/Age \_\_\_\_\_

**NO TENNIS PERMITS ISSUED FOR PRACTICES**

LOCATION	DATE(S)	TIME	# OF COURTS	CODE	LOCATION	DATE(S)	TIME	# OF COURTS	CODE

**Fees for Tennis Courts:**

**\$80 for up to nine 2-hour time slots (per location)**

**\$165 for 10 or more 2-hour time slots (per location)** *For 10 or more usages, Non-County resident add \$100 per permit.*

**\$110 for tournament use (up to 2 days)** *For tournament usage, out of state add \$100 per permit.*

**Refund Policy:** 14 day notice required. Penalties may apply. Contact Park Permit Office (571- 4006) for additional details

**Note: Reservations made for usage after June 30, 2009 is subject to a 5% fee increase.**

Courts located at the following parks:

Banning	8 Courts	Harvey Mill	2 Courts	Rogers Manor	2 Courts	Talley Day	2 Courts
Bechtel	4 Courts	Deacons Walk	2 Courts	Meadowood	2 Courts	Weiss	4 Courts
Bonsall	4 Courts	Greenbank	4 Courts	Paper Mill	4 Courts	Wilton	2 Courts
Breevort	2 Courts	Hann	2 Courts	Penn Acres	4 Courts		

**Note: At least one (1) court must be left open at each park site for community use. At Banning two (2) courts must be left open.**

**Attached Hold Harmless agreement must be signed & returned with this application before a permit will be issued.**

**Permittee should carry permit to facility in case of conflict. MAKE CHECKS OUT TO: NEW CASTLE COUNTY**

**Only permittee may make any changes, cancellations or additions to the permit.**

**NO VENDING IS PERMITTED WITHOUT WRITTEN PERMISSION FROM THE PERMIT OFFICE.**

**NO ALCOHOLIC BEVERAGES OR ILLEGAL SUBSTANCES PERMITTED ON COUNTY PARKLAND.**

Signature \_\_\_\_\_ Date \_\_\_\_\_/09



**NEW CASTLE COUNTY  
DEPARTMENT OF COMMUNITY SERVICES**

**HOLD HARMLESS AGREEMENT**

***In*** consideration of the receipt of this permit from New Castle County, the Permittee hereby releases New Castle County and agrees to indemnify and HOLD HARMLESS New Castle County, its agents, or servants from all damages, including, but not limited to, attorney fees and other costs resultant from any injury to Permittee or any agent or employee of Permittee, or to any person coming upon the premises in connection with the Permittee's use and occupancy of the premises.

***In*** no event shall New Castle County be liable for any damage or injury to Permittee or any agent or employee or Permittee or to any person coming upon the premises in connection with the Permittee's use and occupancy of the premises.

***Permittee*** acknowledges that it shall reimburse New Castle County for any and all damage to New Castle County property, its agents, and/or its servants, as a result of the use and occupancy of the premises (ordinary wear and tear excepted) by Permittee, its agents, or servants, or by any person coming upon the premises during the Permittee's use as an invitee or licensee of the Permittee.

***Permittee*** agrees that the rights and obligations under the permit and this agreement shall inure to and be binding on its successors and assigns.

***This*** HOLD HARMLESS agreement **MUST** be signed by Permittee in his or her individual or representative capacity as an authorized representative of the organization named below, which representative represents by so signing that he or she has the authority to bind such organization, and received and accepted by New Castle County before any permit will be issued.

Permittee Organization or Individual's Full Name: \_\_\_\_\_

Type of Organization [corporation, partnership, etc.] \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Seal Must be Affixed here if a corporation or other such entity:

Date \_\_\_\_\_