## HILO YACHT CLUB

## Phone: 969-6663 Fax: 969-1282 TENNIS PAVILION RESERVATION REQUEST FORM

Reservation Hours: Tues-Sat 11:00am to 8:30pm, Sun&Mon 11:00am to 5:30pm No reservations on Holidays

Member Name		_	Member #
Member Contact Info:	Phone:	Fax:	
	E-Mail:		
Reservation Day & Date			
Time (5 hour maximum)		_	
Number of Members/Guests		Limited to 35	Members& Guests
Type of Function			
List of Guest Names must be j	provided before or on th	_ e date of function	
*Attach signed acceptance of	•		
Special Request or Comment		_	
special request of Comment			
A \$5.00 per person fee will be ch	narged to member's accou	nt for all guests.	
Members are responsible for any	•	•	lities.
A minimum \$50.00 fee will be c	•	•	
recreational facilities and/or lock	•	,	·
Your signature below indicates t	hat you are verifying the i	nformation listed a	bove and that you are
aware of all the rules & regulation			•
be "open to the public") on the u			•
enforcement of these rules & reg	ulation upon all your invi	ed guests.	•
Please call us if you need a copy	of the rules.		
Your reservation will		d until all in	formation
and requirements sta			
ana requirements sta	ica above are act	cpied by the	
Signature of Member		Date:	
For Office use only			
Date Received:	Date Accepted:		Revised 10/25/2016