



# OVTC FACILITY USAGE QUESTIONNAIRE



(Requesting Usage Free Of Charge)  
ACE 2 DEUCE CTA - BATTLEFIELD TENNIS CENTER

Facility Requested: \_\_\_\_\_ Date Requesting Facility: \_\_\_\_\_

Name of Event or Organization \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Request Time Frame: \_\_\_\_\_ (Please include your Set Up Time (Food Preparation) and Clean Up Time) Est. Attendance: \_\_\_\_\_

WILL FLYERS BE DISTRIBUTED? YES  NO  WILL YOU GENERATE REVENUE OFF EVENT? YES  NO  IF YES, EXPLAIN \_\_\_\_\_

WILL YOU BE HAVING A CONCESSION STAND? YES  NO  IF YES, EXPLAIN \_\_\_\_\_

NOTE: Ace 2 Deuce CTA and Battlefield Tennis Center reserve the right to amend any/all schedules, if necessary for pre-scheduled or mandatory activities (example: City of Jackson).

THE UNDERSIGNED DOES HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS ACE 2 DEUCE CTA, THE CITY OF JACKSON FOR ANY DAMAGES INCURRED BY THE CITY OF JACKSON RESULTING DIRECTLY OR INDIRECTLY FROM USE BY THE UNDERSIGNED OF THE FACILITY.

THIS INDEMNIFICATION SHALL INCLUDE NOT ONLY PHYSICAL DAMAGE TO PROPERTY OF THE CITY OF JACKSON, BUT ALSO CLAIMS BY THIRD PERSONS FOR INJURIES OR PROPERTY DAMAGE RESULTING FROM SUCH USE DUE TO NEGLIGENCE OR INTENTIONAL ACTS OF THE UNDERSIGNED, its AGENT, EMPLOYEES, WORKERS, HEIRS, INVITEES, ADMINISTRATORS OR ASSIGNS.

WHEN RESERVING A FACILITY, I understand that I am responsible for the actions of all participants. \_\_\_\_\_ I understand that notice of cancellation shall be given by phone or in writing 24 hours in advance. I understand that a \$200.00 damage deposit may be required.

\_\_\_\_\_ \*YOU ARE RESPONSIBLE FOR PROVIDING YOUR OWN SECURITY Required \_\_\_\_\_ or Not Required \_\_\_\_\_

\_\_\_\_\_ \*YOU ARE RESPONSIBLE FOR CLEANING THE BUILDING AFTER YOUR EVENT.

\_\_\_\_\_ \*YOU ARE RESPONSIBLE FOR COUNTING THE TABLES (BEFORE AND AFTER) YOUR EVENT

\_\_\_\_\_ \*YOU ARE RESPONSIBLE FOR COUNTING THE CHAIRS (BEFORE AND AFTER) YOUR EVENT

\_\_\_\_\_ \*NOTHING CAN BE APPLIED TO ANY WALLS OF THE FACILITY (TAPE, THUMB TACKS, ETC.)

\_\_\_\_\_ \*NO VEHICLE ARE ALLOWED ON THE GRASS (NO EXCEPTIONS)

\_\_\_\_\_ \*NO ALCOLHIC BEVERAGES and NO SMOKING ALLOWED ON CITY PROPERTY

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

-----Director or committee Approval Below this Line-----

Approval	YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, Indicate Amount:	Signature:
Any Restrictions	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Explain:	Signature:
Insurance Required	YES <input type="checkbox"/> NO <input type="checkbox"/>	Damage Deposit Required	YES <input type="checkbox"/> NO <input type="checkbox"/>

Some Functions may require insurance

IF INSURANCE IS REQUIRED, The Customer WILL NEED TO PROVIDE A (1) MILLION DOLLARS (\$1,000,000) LIABILITY POLICY PLACING ACE TO DEUCE COMMUNITY TENNIS ASSOCIATION, THE CITY OF JACKSON, DEPARTMENT OF PARKS AND RECREATION AND THE FACILITY NAME THAT IS BEING UTILIZE ON THE CONTRACT as a (RIDER).

White Copy: Reservationist

Yellow Copy: Manager

Pink Copy: Supervisor

REVISED 2024