



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# 2020 2021 SEASON

## INDOOR SEASON

# CONTRACT TIME APPLICATION

September 14, 2020 – May 23, 2021

**YMCA ARLINGTON TENNIS & SQUASH CENTER**  
3400 North 13th Street  
Arlington, VA 22201  
P 703-522-1700  
www.ymcadc.org

**\*Each contract group will be issued 4 guest passes. Each guest must complete a guest waiver prior to coming to the Y. Email [Ytennis@ymcadc.org](mailto:Ytennis@ymcadc.org) for assistance.**

| CONTRACT COURT TIME | RATES       | 9/14/20–5/23/21 | 2019       | SAVINGS |     |
|---------------------|-------------|-----------------|------------|---------|-----|
| Days                | Times       | Per Hour        | (36 weeks) | RATES   |     |
|                     |             |                 |            | %       |     |
| Mon–Fri             | 6am–6pm     | \$14            | \$504      | \$576   | 13% |
| Mon–Thurs           | 6pm–10pm    | \$34            | \$1,224    | \$1,296 | 6%  |
| Friday              | 6pm–10pm    | \$20            | \$720      | \$792   | 9%  |
| Sat–Sun             | 7am–8am     | \$14            | \$504      | \$576   | 13% |
| Sat–Sun             | 8am–5pm     | \$34            | \$1,224    | \$1,296 | 6%  |
| Sat–Sun             | 5pm–8pm/9pm | \$20            | \$720      | \$792   | 9%  |

**CAPTAIN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

| CONTRACT TIME #1 | 1st Choice | 2nd Choice | 3rd Choice |
|------------------|------------|------------|------------|
| Day              | _____      | _____      | _____      |
| Time             | _____      | _____      | _____      |
| Court Preference | _____      | _____      | _____      |
| Notes            | _____      | _____      | _____      |

| CONTRACT TIME #2 | 1st Choice | 2nd Choice | 3rd Choice |
|------------------|------------|------------|------------|
| Day              | _____      | _____      | _____      |
| Time             | _____      | _____      | _____      |
| Court Preference | _____      | _____      | _____      |
| Notes            | _____      | _____      | _____      |

Contract time is approved based on court availability. Please submit your application by September 11, 2020. We will contact you to confirm receipt and court confirmation. Returning captains have first priority.

**PLEASE RETURN VIA MAIL OR EMAIL TO [ATCTennis@ymcadc.org](mailto:ATCTennis@ymcadc.org)**

**INDICATE PLAYERS ON REVERSE.**



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2021  
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|               |              |               |
|---------------|--------------|---------------|
| <b>DAY:</b>   | <b>TIME:</b> | <b>COURT:</b> |
| <b>NOTES:</b> |              |               |

Please include full name, address, phone number(s) and email address of all players in the group. All players must be current full members. **SUBSTITUTE PLAYERS REQUIRED TO PAY GUEST FEE IF THEY DO NOT HAVE A FULL MEMBERSHIP.**

**CAPTAIN:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 4:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 1:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 5:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 2:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 6:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 3:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLAYER 7:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_

**USE AN ADDITIONAL SHEET FOR MORE PLAYERS. COMPLETE THE CONTRACT TIME APPLICATION ON REVERSE.  
PLEASE RETURN BY MAIL OR EMAIL TO ATCTennis@ymcadc.org**