

Central Park



Tennis Club

PROGRAM CHANGE REQUEST FORM

Requester's Name _____ Date of Request _____

Program Requesting to Change: _____

Suggested change:

Reason for change?

Will there be any impact to current court usage?

Who will benefit from this change?

Have you reviewed current program usage or asked other participants their thoughts on your suggestion?

All request forms must be filled out completely before they will be reviewed by the Tennis Committee.

Requester's Signature Date

Tennis Committee Chair Date

Requester's contact information (email/phone):

Approved

Declined