



Newtown Youth Academy

203-304-1830

4 Primrose Street, Newtown, CT 06470

Date:

Sport:
 Organization:
 Email: Alt Email:

Address:
 Name of Contact:
 Phone Number: (H) (C)
 Alt. Contact Info:

Billing Info: (If Different)

Name:
 Address:
 Email: Alt Email:

Venue Request Information:

<input type="text"/>	Court 1:	<input type="text"/>	Full Track	<input type="text"/>	1/2	Start Date: <input type="text"/>	
<input type="text"/>	Court 2:	<input type="text"/>	Back 1/3	<input type="text"/>	side	End Date: <input type="text"/>	
<input type="text"/>	Court 3:	<input type="text"/>	Full Turf:	<input type="text"/>	1/2	Rate: <input type="text"/> /hr	Amount Due: <input type="text"/>

	Sat	Sun	Mon	Tues	Wed	Thru	Fri
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Billing information: Deposit _____ Invoiced _____ Total _____

• Method of payment: [] Cash [] Check [] Visa / MC / Discover

• Credit Card Information: Name on Card _____
 Number _____ Security Code () Expiration Date _____

For Staff Use: Deposit Date _____ Balance _____ Date _____

Authorized By: Date: