



1530 McJohnson Avenue
Owensboro, KY 42303

270-687-8700
FAX 270-687-8708

Tennis Instructor Permit

Permit Number _____

Name of Applicant: _____

Address: _____

Telephone Number: _____

Occupational Business License: _____

Park: _____

Number of Tennis Courts: _____

Date(s) _____ Time(s) _____

OR See attached schedule: Yes No

Fee: \$50

For Office Use Only

Permit taken by _____ Date _____

Receipt Number _____

Amount Collected _____

Approved By _____ Date _____

Director Parks and Recreation

Permit good for 12 months from date of application. The applicant agrees to abide by all park rules and regulations. Reserved courts as posted on site take priority. A copy of this permit should be kept with applicant when on City Courts.

Applicant Signature _____

Member of the National Recreation and Park Association and the Kentucky Recreation and Park Society