

# The Hitting Zone



## **Baseball and Softball Reservation Request Form**

Please return the completed form to: [hittingzone@outlook.com](mailto:hittingzone@outlook.com)

Team Name: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Players on Team : \_\_\_\_\_

I agree to use the facility only during my approved dates/ time(s)

<b>Options</b>	<b>Day</b>	<b>Times</b>	<b># of Weeks</b>
1 <sup>st</sup> Choice			
2 <sup>nd</sup> Choice			
3 <sup>rd</sup> Choice			
4 <sup>th</sup> Choice			

Reservations will be made on a first come, first serve basis and access to the facility will only be granted upon an executed contract signed by an authorized signer of The Hitting Zone, LLC and a team representative. The reservation request form does not guarantee the availability of the facility for the times listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

[www.thehittingzonenj.com](http://www.thehittingzonenj.com)

*231 Greenwood Ave  
Midland Park, NJ  
Ph. 201 857-5353*