



STATION5ONE & MIDWEST HOOPSTARS FACILITIES

404 Olympia Drive - Bloomington, Illinois - 61704 | (P) 309-660-4854

Person/Organization Responsible: _____

Email Address: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Facility Requested: STATION 5ONE COURT - # 1 #2 #3

(#) of Date(s) Requested: _____ Dates: _____

Arrival Time: _____ Departure Time: _____

Activity: _____

Room/Court Set Up Request: Other Basketball Volleyball

Number of expected participants: Adults: _____ Children: _____

PAYMENT OPTIONS

NOTE - NO PERSONAL CHECKS, NO AMERICAN EXPRESS

Cash (Enclosed Amount): _____

Certified Check or Money Order (Pay to the Order of): Midwest HoopStars NFP

Name on Credit Card: _____

Credit Card #: _____

Exp Date: _____ CVC: _____ Visa MasterCard

WAIVER

As a user of the above Station5ONE/Midwest HoopStars NFP Facility, I recognize and acknowledge that there are certain risks of physical injury and I and those in my charge agree to assume the full risk of any injuries, including death, damages, or loss which I and those in my charge may sustain because of participating in and all activities connected with or associated with such use of Facilities. I agree to waive and relinquish all claims I and those in my charge may have because of use of Facilities against the Station5ONE and Midwest HoopStars and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Station5ONE and Midwest HoopStars and its officers, agents, servants, and employees from all claims from injuries, including death, damage, or loss which I am those in my charge may have or which may occur to us on account of our participation in the use of the listed Facilities.

I further agree to indemnify and hold harmless and defend the Station5ONE and Midwest HoopStars and its officers, agents, servants, and employees from all losses sustained from injuries, including death, damages and losses sustained by me and those in my charge and arising out of, connected with, or in any way associated with the activities in the use of Station5ONE and Midwest HoopStars Facilities.

Signature _____ Date _____
(Adult Over 21)

Application Date/Time: _____ Received by: Julian Williams

Processed by: _____

Fee: _____

Date: _____ Deposits: PAID IN FULL

Reservation Number: 0001