

Team Name: _____

Coach's Name: _____ Phone: _____

Mailing Address: _____

Coach's Email: _____

First Day of Training: _____ Last Day of Training: _____

Number of Athletes: _____ Number of Coaches/Staff: _____

How many athletes in the following events:

Sprints _____ Hurdles _____ Distance _____ High Jump _____ Pole Vault _____

Long/Triple Jump _____ Discus _____ Shot _____ Hammer _____ Javelin _____

A Certificate of Liability or Travel Insurance Policy of US\$1,000,000, naming South Lake Hospital as Additional Insured, **must be submitted** in order to have a Facility Usage Agreement processed and invoice prepared. A **non-refundable deposit of \$150 per team will be due at the time of reservation** and remaining balances must be paid in full prior to facility usage. An additional \$100 late registration fee will be charged if all paperwork is not received within 14 days of arrival. The NTC requires a written notice of cancellation or alteration in request no less than 5 business days prior to reservation to avoid further fees.

FACILITY SCHEDULE REQUESTS:

Based on the facility hours below, please complete and attach one or more SCHEDULE REQUEST FORM.

Price Structure: First facility (track, weight room, pool, fields) \$10.00 per athlete per day. Each additional facility is \$8 per athlete, per day (1 facility = \$10, 2 facilities = \$18, 3 facilities = \$26 per athlete, per day) There is also a \$100.00 nonrefundable administration fee per team.

Track Hours:	Weight Room Hours:	Pool & Athletic Fields:
Monday-Saturday 7:00am-9:00am	Monday-Saturday 10:00am-12:00pm	Upon request and availability
Monday-Saturday 12:00pm-6:00pm	Monday-Saturday 2:30pm-4:30pm	
Sunday closed	Sunday 10:00am-4:00pm	

Important Facility Availability Dates:

- All NTC facilities will be closed for training on 11/24, 12/25, 1/1, 4/16, 5/29, 7/4, 9/4
- Track will close early at 12:00pm on 11/23, 12/24, and 12/31
- Pro/Elite Meets 4/28, 5/13, Youth AAU Meet 4/8, High School Meets 2/18, 5/20 (track will be unavailable)

ADDITIONAL REQUESTS:

To provide your team with the best training experience possible, please indicate any additional services or special equipment your team may utilize during your trip (note that these are subject to additional fees)

Discounted Theme Park Tickets

Team Meals at South Lake Hospital

Group Fitness Classes (Yoga, Spin, Water Running, Nutrition) _____

Sports Performance Testing (VO2 Max, Lactate Analysis) _____

Coach NTC Fitness Membership (cost \$100 each, valid only during team reservation) How Many: _____