



**RACQUETS FOR ALL  
EQUIPMENT REQUEST**

1241 S. Parker Road, Suite 100  
Denver, CO 80231  
303-695-4116 PHONE  
303-695-7631 FAX

Date of request \_\_\_\_\_

**ORGANIZATION INFORMATION**

Organization name: \_\_\_\_\_

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

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

What type of organization is this?

- parks & recreation district
- 501(c)3 non-profit
- other non-profit
- school
- other (please describe: \_\_\_\_\_)

Is organization a USTA organizational member?    Yes                  No

What tennis programs, if any, are currently conducted by the organization? (Mark all that apply)

- Free Lessons
- Youth instruction
- Youth leagues
- Youth tournaments
- Adult leagues
- Adult instruction
- Adult tournaments
- Wheelchair clinics/tournaments
- Other \_\_\_\_\_

**CONTACT INFORMATION**

Contact person for this request: \_\_\_\_\_

Title/Affiliation with Organization: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

**EQUIPMENT REQUEST**

**\*\*Equipment donations are accepted with the understanding that they will be distributed as is for charitable purposes only.\*\***

Date equipment needed by \_\_\_\_\_

Briefly describe how equipment will be used (i.e. multiple or single users? loaned or given away)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate amount being requested:

Junior racquets: \_\_\_\_\_

Ages of children using racquets: \_\_\_\_\_

Adult racquets: \_\_\_\_\_

Used tennis balls: \_\_\_\_\_

Other: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

***Thank you for submitting this request for consideration. We will follow up with you and make every effort to provide assistance; however, fulfillment of this request is not guaranteed.***

OFFICE USE

Date Application Reviewed \_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_ Denied

Equipment available for fulfillment

Junior racquets:

Adult racquets:

Used tennis balls:

Equipment picked up/delivered on \_\_\_\_\_