

Recreational Sports Facility Request Form

This form must be received in the Rec Sports office TWO WEEKS prior to event date for consideration.

DATE _____

Facility/space requested (please check all that apply)

Rec Center Areas:

_____ Gym - # of cts.	_____ Room 203
_____ Leisure Pool	_____ Room 205
_____ Lap Pool	_____ Room 207
_____ Climbing Wall	_____ Kitchen
_____ Aerobic Studio A	_____ Sand Volleyball
_____ Aerobic Studio B	_____ Outdoor Basketball

Fields:

_____ Traditions - # of fields	_____
_____ Rec Complex - # of fields	_____
_____ Intramural Fields - # of fields	_____
_____ Eagle Point - # of fields	_____

Other Areas:

_____ Waranch Tennis - # of cts.	_____
_____ Bahnsen Gym - # of cts.	_____
_____ Other (please indicate)	_____

PEB Areas:

_____ Gym - # of cts.	_____
_____ Pool	_____
_____ Racquetball - # of cts.	_____
_____ Classroom	_____
_____ West Tennis Courts - # of cts.	_____

Contact Name

Contact Phone #

Contact Email

Contact Fax (if applicable)

University Account # (if applicable)

Date of Event

Start Time of Event (include set up time)

End Time of Event (include break down)

Group/Organization Requesting Space

Student organizations must have completed/submitted Campus Event Planner to Student Activities office 10 business days prior to event.

Approximate # of Participants

Approximate # of Spectators

Purpose of Request (please list specific activities)

Specific Equipment/Set up Needs (i.e. tables, chairs, scoreboards, officials, etc. - please describe in detail)

Recreational Sports Facility Request Form

Will any of the participants be minors? YES _____ NO _____
If yes, what is the age range of the participating minors? _____

Will you be charging an entry fee? YES _____ NO _____

Will you be charging a spectator fee? YES _____ NO _____

FOR OFFICE USE ONLY BELOW THIS POINT

Request Approved _____

Request Denied _____

Approved Date(s) _____

Approved Time _____

Approved Space(s) _____

Estimated Costs (final cost may vary):

Staff _____

Rental _____

Utility _____

Custodial _____

Administrative _____

Other _____

Estimated Total _____

Deposit Amount _____

Deposit Due Date _____

Signature, Assistant Director of Operations

Signature, Sr. Associate Director