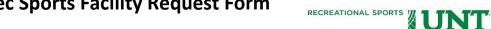
Rec Sports Facility Request Form



Today's Date_____ Facility/space requested (please check all that apply) **Rec Center Areas:** Fields: Gym - # of cts. _____ Room 203 Traditions - # of f Leisure Pool Room 205 Rec Complex - # of Lap Pool Room 207 Intramural Fields - # of 1 Climbing Wall Kitchen Eagle Point - # of fi _____ Sand Volleyball Aerobic Studio A Aerobic Studio B **Outdoor Basketball** PEB Areas: Gym - # of cts. Other Areas: Pool Waranch Tennis - # of cts. Racquetball - # of Bahnsen Gym - # of cts. Classroom Other (please indicate) West Tennis Courts - # (**Rec Center Lobby Table** PLEASE COMPLETE ALL INFORMATION BELOW **Event Name / Type Department/Org Name Contact Name Contact Phone Contact Email Contact Fax (if applicable) University Account Number to be Charged** (in some cases charges may not apply) Date(s) of Event Start Time (include set-up) End Time (include break down) Approximate # of Participants including spectators Specific Equipment/Set up Needs (i.e. tables, chairs, scoreboards, officials, etc. - please describe in detail)

Rec Sports Facility Request Form

FOR OFFICE USE ONLY, THIS SIDE

Request Approved	
Request Denied	
Insurance Required	Yes No
Approved Date(s)	
Approved Time	
Approved Space(s)	
Estimated Costs (The Staff	final costs will be provided after the event):
Rental	
Utility	
Custodial	
Administrative	
Other	
Estimated Total	
IDO Sent	Date
Finals costs will be provi	tive will contact the group for a final meeting to go over details and to receive the deposit (if applicable). ded to the group after the event. A final walk through after the event may be necessary and ec Sports representative.
Signature, Rec Sports Repre	sentative