

**REC SPORTS FACILITY REQUEST FORM**

DATE \_\_\_\_\_

<input type="checkbox"/> RECS Gym	<input type="checkbox"/> RECS meeting room 203	<input type="checkbox"/> West Tennis Courts
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> RECS meeting room 205	<input type="checkbox"/> PEB Racquetball courts
<input type="checkbox"/> RECS Leisure Pool	<input type="checkbox"/> RECS meeting room 207	<input type="checkbox"/> PEB Pool
<input type="checkbox"/> RECS lap Pool	<input type="checkbox"/> RECS kitchen	<input type="checkbox"/> Rec Sport Complex
<input type="checkbox"/> Aerobic Studio A	<input type="checkbox"/> Bahnsen Gym	<input type="checkbox"/> PEB Field
<input type="checkbox"/> Aerobic Studio B	<input type="checkbox"/> Stovall 175	<input type="checkbox"/> IM fields
<input type="checkbox"/> Outdoor sand volleyball	<input type="checkbox"/> PEB Classroom # _____	<input type="checkbox"/> Tradition Fields
<input type="checkbox"/> Outdoor basketball ct.	<input type="checkbox"/> PEB gym	<input type="checkbox"/> Eagle Point Intramural Rec Sports Field
<input type="checkbox"/> Other space _____		

**Date and Time of Event** \_\_\_\_\_  
\_\_\_\_\_

**Group or Organization requesting space** \_\_\_\_\_

**Approximate number of participants** \_\_\_\_\_

**Purpose of Reservation/Request** \_\_\_\_\_  
\_\_\_\_\_

**Specific Needs/Set up (equipment, supplies, and/or additional materials):** \_\_\_\_\_  
\_\_\_\_\_

Upon completing the information, please return to Assistant Director of Operations, Recreational Sports. Your request will be reviewed. and individuals will be notified.

Printed Name \_\_\_\_\_  
E-mail address \_\_\_\_\_ Fax # \_\_\_\_\_  
Address \_\_\_\_\_ Day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

\*\*\*\*\*

Request Approved \_\_\_\_\_ Staff Costs \_\_\_\_\_  
Request Denied \_\_\_\_\_  
Rental costs \_\_\_\_\_  
Other costs \_\_\_\_\_

Approved Dates: _____
Approved Times: _____
Approved Space: _____

\_\_\_\_\_  
Signature, Assistant Director for operations

\_\_\_\_\_  
Sr. Associate Director, Facilities

**Recreational Sports  
Facility Reservation Questionnaire**

Group requesting space \_\_\_\_\_

Contact name(s) \_\_\_\_\_

Phone # \_\_\_\_\_

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

Date(s) requested \_\_\_\_\_

Location requested \_\_\_\_\_

Number of participants expected \_\_\_\_\_

Number of spectators expected \_\_\_\_\_

Will you be charging entry fees (for teams )? YES NO  
If yes, how much? \_\_\_\_\_

Will you be charging admission fees (for spectators)? YES NO  
If yes, how much? \_\_\_\_\_

Equipment needs:

Sports equipment \_\_\_\_\_

Scoreboards/flip scores (please circle)

Officials needed YES NO If yes, how many per game? \_\_\_\_\_

Practice jerseys YES NO How many sets? \_\_\_\_\_

Number of tables \_\_\_\_\_

Number of chairs \_\_\_\_\_

Briefly explain the set up for tables/chairs

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

7. Will you be serving food? YES NO  
If yes, what will you be serving? \_\_\_\_\_

# of trash cans needed? \_\_\_\_\_

Custodial needs \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Time of event: \_\_\_\_\_

Number of open rec staff needed \_\_\_\_\_

Staff coordinators time \_\_\_\_\_

Number of lifeguards needed \_\_\_\_\_

Open Rec Staff time \_\_\_\_\_