

# Recreational Sports Departmental Facility Request Form

Today's Date \_\_\_\_\_

Facility/space requested (please check all that apply)

<b>Rec Center Areas:</b>	
<input type="checkbox"/> Gym - # of cts. _____	<input type="checkbox"/> Room 203
<input type="checkbox"/> Leisure Pool _____	<input type="checkbox"/> Room 205
<input type="checkbox"/> Lap Pool _____	<input type="checkbox"/> Room 207
<input type="checkbox"/> Climbing Wall _____	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Aerobic Studio A _____	<input type="checkbox"/> Sand Volleyball
<input type="checkbox"/> Aerobic Studio B _____	<input type="checkbox"/> Outdoor Basketball

<b>Fields:</b>	
<input type="checkbox"/> Traditions - # of f _____	
<input type="checkbox"/> Rec Complex - # of _____	
<input type="checkbox"/> Intramural Fields - # of _____	
<input type="checkbox"/> Eagle Point - # of fi _____	

<b>Other Areas:</b>	
<input type="checkbox"/> Waranch Tennis - # of cts. _____	
<input type="checkbox"/> Bahnsen Gym - # of cts. _____	
<input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> Rec Center Lobby Table _____	

<b>PEB Areas:</b>	
<input type="checkbox"/> Gym - # of cts. _____	
<input type="checkbox"/> Pool _____	
<input type="checkbox"/> Racquetball - # of _____	
<input type="checkbox"/> Classroom _____	
<input type="checkbox"/> West Tennis Courts - # _____	

PLEASE COMPLETE ALL INFORMATION BELOW

<b>Department Name</b>	
<b>Contact Name</b>	
<b>Contact Phone</b>	
<b>Contact Email</b>	
<b>Contact Fax (if applicable)</b>	
<b>University Account Number to be Charged</b> <i>(in some cases charges may not apply)</i>	
<b>Date(s) of Event</b>	
<b>Start Time (include set-up)</b>	
<b>End Time (include break down)</b>	
<b>Approximate # of Participants including spectators</b>	

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

# Recreational Sports Departmental 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 final costs will be provided after the event):**

Staff \_\_\_\_\_

Rental \_\_\_\_\_

Utility \_\_\_\_\_

Custodial \_\_\_\_\_

Administrative \_\_\_\_\_

Other \_\_\_\_\_

Estimated Total \_\_\_\_\_

IDO Sent \_\_\_\_\_ Date

**A Rec Sports representative will contact the group for a final meeting to go over details and to receive the deposit (if applicable). Finals costs will be provided to the group after the event. A final walk through after the event may be necessary and will be scheduled by a Rec Sports representative.**

\_\_\_\_\_  
*Signature, Rec Sports Representative*