

Rec Sports Facility Request Form



Today's Date _____

Facility/space requested (please check all that apply)

Rec Center Areas:	
<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

Fields:	
<input type="checkbox"/> Traditions - # of f _____	<input type="checkbox"/>
<input type="checkbox"/> Rec Complex - # of _____	<input type="checkbox"/>
<input type="checkbox"/> Intramural Fields - # of 1 _____	<input type="checkbox"/>
<input type="checkbox"/> Eagle Point - # of fi _____	<input type="checkbox"/>

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

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

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 <i>(in some cases charges may not apply)</i>	
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)

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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