

OFFICE USE ONLY
 Cost Allocation # _____
 Invoice Number _____



OFFICE USE ONLY
 Request Number _____
 Date of Request _____

Facility Request Form

Event: _____ **Sponsoring Organization** _____

Person Responsible: _____ **Phone: Work** _____ **Home** _____

Address: _____

E-Mail: _____

Estimate Number of participants: _____ **Estimate Number of spectators:** _____

Account Number for On-Campus Billing _____ **Signed:** _____

- Please record the account number you would like the charges applied to. If this is not signed and returned in 30 days, the charges will be automatically taken out of your account.

<u>Dates of Use</u>	<u>Facility (Be Specific)</u>	<u>Time Start</u>	<u>Time Finished</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Set-up Requirements:

Points of Emphasis
 (PLEASE INITIAL EACH)

- I included set-up and tear down time in reservation if needed _____
- Request is specified and includes all areas needed _____
- Requests are not confirmed until signed by the director _____
- Requests must be made 7 days in advance of use, or may not be considered. _____
- Include equipment needs in set-up requirements _____
 (Attach additional information if needed on separate copy) _____

Scheduling Philosophy

It is the policy of the Department of Sport Facilities and Campus Recreation to maximize space utilization to meet the multitude of needs of the University community. The director has the right to limit access to meet other users needs. Requests for spaces that compromise other accesses will be evaluated on an individual basis.

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Contract needed: Yes No Charges: Staffing _____ Rental _____

Notes: _____

Reservation Confirmation:

 Director of Sports Facilities

 Date