Facility Reservation Request

www.umass.edu/campusrec

Contact Information

Organization: _____________________________________________________________________________________

Contact Person: ________________________________ Phone Number: _______________________________

Address: _________________________________________________________________________________________

City / State / Zip: ________________________________________________________________________________

Signature: ____________________________________

Fax Number: _________________________________

Today’s Date: _____ / _____ / ______

Activity / Event Information

Activity or Event: ________________________________

Number of Participants Expected: ___________________

Semester Reservation: YES      NO

Area(s) Requested

- Resource Room 117
- Activity Room 118
- Activity Room 121
- Activity Room 210
- Activity Room 215
- Gymnasium Courts
- Mullins Tennis Courts

Please check appropriate location(s)

Return Information

Return to:
Roger Heimerman, Building/Facility Operations Manager
UMass Campus Recreation
112 Recreation Center 161 Commonwealth Avenue
University of Massachusetts
Amherst, MA 01003

Phone: 413.577.3868  FAX: 413.577.3871  Email: rheimerm@admin.umass.edu

Completion of this Facility Reservation Request form does not guarantee approval of the request. The Operations/Facility Manager or designee will communicate with the contact person to discuss the reservation request.
Date Received: _____ / _____ / _____ by: ___________ Amount of Rental: $____________________________

Approved: YES NO Amount of Payment: $___________________________

If YES, date approved: _____ / _____ / _____ CSI Invoice # of Payment: _______________________

Cancelled (if applicable): _____ / _____ / _____ Date of Payment: _____ / _____ / _____

Confirmation Date: _____ / _____ / _____ Amount of Deposit (if applicable): $_________________

Date entered into Facility Calendar: _____ / _____ / _____ CSI Invoice # of Deposit (if applicable): __________

_____Contract Signed YES NO Date of Deposit (if applicable): _____ / _____ / _____

Comprehensive General Liability Insurance Certificate Received: _____ / _____ / _____

Sexual Molestation/Abuse and Athletic Injury Certificate Received: _____ / _____ / _____

Athletic Trainer/Injury Care/Medical Staff Credentials Received YES NO

Comments________________________________________________________________________________________

University Police Department Required for Event YES NO Comments________________________________________________________________________________________

Custodial Staff Required for Event YES NO Comments________________________________________________________________________________________

Campus Recreation Staff Required for Event YES NO Comments________________________________________________________________________________________