Sport Club Facility Request Form

Club _____

Contact Name _____

Phone Number _____

Email Address _____

Facility Information

☐ Boyden Gym ☐ Rec Center

☐ Boyden Fields ☐ Stadium Fields

◯ *Practice or Home Event* ◯

Requested Days of the Week For Practice _____

Practice or Event Time Preferred Start Time _____ Preferred End Time _____

If Practice Preferred Start Date _____ Preferred End Date _____

If Event Preferred Dates _____

Special Requests For Fields or Equipment _____

In Office Use Only

_____Approved

_____Approved with the following conditions _____

_____Denied for the following reasons _____

_____ _____

Campus Recreation Signature Date

In Office Use Only

_____Approved

_____Approved with the following conditions _____

_____Denied for the following reasons _____

_____ _____

Athletic Facilities Signature Date