

Campus Recreation and Sport Clubs

SPORT CLUB FACILITY REQUEST FORM

SPORT CLUB _____ DATE: _____

SUBMITTED BY _____

PHONE _____ EMAIL _____

PRACTICE FIELD/ FACILITY REQUESTED _____

BEGINNING DATE _____ ENDING DATE _____

DAY(S): ___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY
 ___ FRIDAY ___ SATURDAY ___ SUNDAY

TIME: _____ TO _____

SPECIAL REQUEST (HOME CONTEST, TOURNAMENT, CLINIC, ETC.):

DAY(S) & DATE(S) _____

TIME(S) _____

EVENT _____

NOTE: NOTIFY THE CAMPUS RECREATION DIRECTOR OF ANY CHANGES IN THIS REQUEST.

FOR DEPARTMENTAL USE ONLY

APPROVED _____ DENIED _____

APPROVED WITH CONDITIONS _____

CAMPUS RECREATION DIRECTOR

ASSISTANT ATHLETIC DIRECTOR FOR FACILITIES