

**University of Massachusetts/Amherst
Department of Athletics
Campus Recreation & 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: A current Membership List must be on file with Campus Recreation Office.
Notify the Campus Recreation Director of any changes in this request.**

FOR DEPARTMENTAL USE ONLY

MEMBERSHIP LIST _____

APPROVED _____ **DENIED** _____

APPROVED WITH CONDITIONS _____

CAMPUS RECREATION DIRECTOR

DIRECTOR OF FACILITIES