



## RecWell

### Contact Information

Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Activity / Event Information

Please circle appropriate choices where applicable

|   |   |
|---|---|
| Activity or Event: _____                  | 2 <sup>nd</sup> Request: M T W Th F Sa Su |
| Number of Participants Expected: _____    | Date(s) of Request: _____                 |
| Semester Reservation: YES NO              | Start Time: _____                         |
|   | End Time: _____                           |
| 1 <sup>st</sup> Request: M T W Th F Sa Su | 3 <sup>rd</sup> Request: M T W Th F Sa Su |
| Date(s) of Request: _____                 | Date(s) of Request: _____                 |
| Start Time: _____                         | Start Time: _____                         |
| End Time: _____                           | End Time: _____                           |

### Area(s) Requested

Please check appropriate location(s)

- ☐ Meeting Room 117
- ☐ Activity Room 118
- ☐ Activity Room 121
- ☐ Activity Room 210
- ☐ Activity Room 215

- ☐ Gymnasium Courts  
Number of Courts Requested: 1 2 3
- ☐ Mullins Tennis Courts  
Number of Courts Requested: 1 2 3  
4 5 6  
7 8 9 10

### Return Information

Return to:  
Nicholas D'Amato, Acting Reservations Coordinator  
UMass Campus Recreation  
111 Recreation Center 161 Commonwealth Avenue  
University of Massachusetts  
Amherst, MA 01003

Phone: 413.577.3861

FAX: 413.577.3871

Email: [ndamato@umass.edu](mailto:ndamato@umass.edu)

Completion of this Facility Reservation Request form does not guarantee approval of the request.  
The Facility Operations Manager or designee will communicate with the contact person  
to discuss the reservation request.

**UMass Campus Recreation****OFFICE USE ONLY**

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 \_\_\_\_\_