Facility Reservation Request
www.umass.edu/campusrec

Contact Information
Organization: ____________________________________
Contact Person: ________________________________
Phone Number: ________________________________
Address: ______________________________________
Email Address: ________________________________
City / State / Zip: ______________________________
Fax Number: _________________________________
Signature: _____________________________________
Today’s Date: _____ / _____ / ______

Activity / Event Information
Activity or Event: _______________________________
Number of Participants Expected: ________________
Semester Reservation: YES NO

1st Request: M T W Th F Sa Su
Date(s) of Request: ____________________________
Start Time: _________________________________
End Time: ________________________________

2nd Request: M T W Th F Sa Su
Date(s) of Request: ____________________________
Start Time: _________________________________
End Time: ________________________________

3rd Request: M T W Th F Sa Su
Date(s) of Request: ____________________________
Start Time: _________________________________
End Time: ________________________________

Area(s) Requested
Resource Room 117
Activity Room 118
Activity Room 121
Activity Room 210
Activity Room 215

Please check appropriate location(s)
Gymnasium Courts
Number of Courts Requested: 1 2 3
Mullins Tennis Courts
Number of Courts Requested: 1 2 3 4 5 6

Return Information
Return to: 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___________________________________________ _____________________________________________
Facility Reservation Request
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Contact Information
Organization: ____________________________________________
Contact Person: ________________________________ Phone Number: ________________________________
Address: ______________________________________ Email Address: ________________________________
City / State / Zip: ________________________________ Fax Number: ________________________________
Signature: ________________________________________ Today’s Date: ______ / ______ / ______

Activity / Event Information
Activity or Event: ________________________________
Number of Participants Expected: ________________
Semester Reservation: YES NO

1st Request: M T W Th F Sa Su
Date(s) of Request: ________________________________
Start Time: ________________________________
End Time: ________________________________

2nd Request: M T W Th F Sa Su
Date(s) of Request: ________________________________
Start Time: ________________________________
End Time: ________________________________

3rd Request: M T W Th F Sa Su
Date(s) of Request: ________________________________
Start Time: ________________________________
End Time: ________________________________

Area(s) Requested
❑ Resource Room 117
❑ Activity Room 118
❑ Activity Room 121
❑ Activity Room 210
❑ Activity Room 215
❑ Gymnasium Courts
❑ Mullins Tennis Courts

Number of Courts Requested: 1 2 3
Number of Courts Requested: 1 2 3 4 5 6

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<td>Amount of Rental:</td>
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<td>Approved:</td>
<td>YES      NO</td>
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| 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 |
| 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___________________________________________ |  |
Facility Reservation Request
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Contact Information

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Activity / Event Information

<table>
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<th>Number of Participants Expected:</th>
<th>Semester Reservation: YES NO</th>
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Area(s) Requested

- Resource 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

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<td>Amount of Payment: $___________________________</td>
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<td>CSI Invoice # of Payment: _________________________</td>
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<td>Confirmation Date:</td>
<td>Date of Payment: _____ / _____ / _____</td>
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<td>Sexual Molestation/Abuse and Athletic Injury Certificate Received:</td>
<td>_____ / _____ / _____</td>
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<td>Athletic Trainer/Injury Care/Medical Staff Credentials Received:</td>
<td>YES NO</td>
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<td>Comments</td>
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<tr>
<td>University Police Department Required for Event YES NO</td>
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<td>Custodial Staff Required for Event YES NO</td>
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<tr>
<td>Campus Recreation Staff Required for Event YES NO</td>
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Facility Reservation Request
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Contact Information
Organization: __________________________________________________________
Contact Person: __________________________________ Phone Number: __________________________
Address: __________________________________________________ Email Address: _______________________
City / State / Zip: __________________________________________________ Fax Number: _______________________
Signature: __________________________________________________________ Today’s Date: ______ / ______ / ______

Activity / Event Information
Activity or Event: ___________________________ ______
Number of Participants Expected: ________________
Semester Reservation: YES NO
1st Request: M T W Th F Sa Su
   Date(s) of Request: ___________________________
   Start Time: ________________________________
   End Time: _________________________________
2nd Request: M T W Th F Sa Su
   Date(s) of Request: ___________________________
   Start Time: ________________________________
   End Time: _________________________________
3rd Request: M T W Th F Sa Su
   Date(s) of Request: ___________________________
   Start Time: ________________________________
   End Time: _________________________________

Area(s) Requested
☐ Resource 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

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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___________________________________________
Facility Reservation Request
www.umass.edu/campusrec

Contact Information
Organization: ____________________________________________________________
Contact Person: __________________________________________________________
Address: ________________________________________________________________
City / State / Zip: __________________________________________________________
Signature: ________________________________________________________________
Today’s Date: ______ / ______ / ______

Activity / Event Information
Activity or Event: _________________________________________________________
Number of Participants Expected: ____________________________________________
Semester Reservation: YES NO

1st Request: M T W Th F Sa Su
Date(s) of Request:________________________________________________________
Start Time: ________________________________
End Time: ________________________________

2nd Request: M T W Th F Sa Su
Date(s) of Request:________________________________________________________
Start Time: ________________________________
End Time: ________________________________

3rd Request: M T W Th F Sa Su
Date(s) of Request:________________________________________________________
Start Time: ________________________________
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Area(s) Requested
❑ Resource Room 117
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Number of Courts Requested: 1 2 3
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<td>Athletic Trainer/Injury Care/Medical Staff Credentials Received:</td>
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<td>University Police Department Required for Event:</td>
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<td>Custodial Staff Required for Event:</td>
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<td>Campus Recreation Staff Required for Event:</td>
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### Facility Reservation Request

**www.umass.edu/campusrec**

#### Contact Information

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#### Activity / Event Information

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<th>Number of Participants Expected:</th>
<th>Semester Reservation:</th>
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<td>YES  NO</td>
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#### Area(s) Requested

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

<table>
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<th>Number of Courts Requested:</th>
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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___________________________________________ _____________________________________________
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Organization: ____________________________________________________________
Contact Person: __________________________________ Phone Number: __________________________
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Activity / Event Information
Activity or Event: ____________________________________________
Number of Participants Expected: __________________________
Semester Reservation: YES  NO

1st Request: M T W Th F Sa Su
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Start Time: __________________________
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3rd Request: M T W Th F Sa Su
Date(s) of Request: __________________________
Start Time: __________________________
End Time: __________________________

Area(s) Requested
资源整合室 117
活动室 118
活动室 121
活动室 210
活动室 215

Please check appropriate location(s)
资源整合室
活动室
活动室
活动室
活动室

Gymnasium Courts

Number of Courts Requested: 1 2 3

Mullins Tennis Courts

Number of Courts Requested: 1 2 3 4 5 6

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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___________________________________________ _____________________________________________
Facility Reservation Request
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Activity / Event Information

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<tr>
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<td>Start Time:</td>
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<th>1\textsuperscript{st} Request:</th>
<th>3\textsuperscript{rd} Request:</th>
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<tr>
<td>Start Time:</td>
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<td>End Time:</td>
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Area(s) Requested

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<td>Activity Room 118</td>
<td>Number of Courts Requested:</td>
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<td>Activity Room 121</td>
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</tr>
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<td>Activity Room 210</td>
<td>Mullins Tennis Courts</td>
</tr>
<tr>
<td>Activity Room 215</td>
<td>Number of Courts Requested:</td>
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Return Information

Return to: 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.
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### Activity / Event Information

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#### 1st Request

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#### 3rd Request

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### Area(s) Requested

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

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</tbody>
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### Return Information

Return to: 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

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| 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___________________________________________ _____________________________________________
Facility Reservation Request
www.umass.edu/campusrec

Contact Information
Organization: ___________________________________________________________
Contact Person: __________________________________ Phone Number: ____________________________
Address: ____________________________________________________________ Email Address: ____________________________
City / State / Zip: ______________________________________________________ Fax Number: ____________________________
Signature: ____________________________________________________________ Today’s Date: ______ / ______ / ______

Activity / Event Information
Activity or Event: ______________________________________________________
Number of Participants Expected: ____________________________
Semester Reservation: YES NO

1st Request: M T W Th F Sa Su
Date(s) of Request: ____________________________
Start Time: ____________________________
End Time: ____________________________

2nd Request: M T W Th F Sa Su
Date(s) of Request: ____________________________
Start Time: ____________________________
End Time: ____________________________

3rd Request: M T W Th F Sa Su
Date(s) of Request: ____________________________
Start Time: ____________________________
End Time: ____________________________

Area(s) Requested
☐ Resource Room 117
☐ Activity Room 118
☐ Activity Room 121
☐ Activity Room 210
☐ Activity Room 215
☐ Gymnasium Courts
☐ Mullins Tennis Courts

Number of Courts Requested: 1 2 3
Number of Courts Requested: 4 5 6

Return Information
Return to: UMass Campus Recreation
112 Recreation Center 161 Commonwealth Avenue
University of Massachusetts
Amherst, MA 01003
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| 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___________________________________________ _____________________________________________
Facility Reservation Request
www.umass.edu/campusrec

Contact Information
Organization: ____________________________________
Contact Person: ________________________________
Address: ______________________________________
City / State / Zip: _______________________________
Email Address: ________________________________
Phone Number: ________________________________
Fax Number: _________________________________
Signature: _____________________________________
Today’s Date: _____ / _____ / ______

Activity / Event Information
Activity or Event: _______________________________
Number of Participants Expected: ________________
Semester Reservation: YES NO

1st Request: M T W Th F Sa Su
Date(s) of Request:_________________________ ___
Start Time: _______________________________ __
End Time:   ________________________________ __

2nd Request: M T W Th F Sa Su
Date(s) of Request:_________________________ ___
Start Time: _______________________________ __
End Time:   ________________________________ __

3rd Request: M T W Th F Sa Su
Date(s) of Request:_________________________ ___
Start Time: _______________________________ __
End Time:   ________________________________ __

Area(s) Requested
- Resource Room 117
- Activity Room 118
- Activity Room 121
- Activity Room 210
- Activity Room 215
- Gymnasium Courts
- Mullins Tennis Courts

Number of Courts Requested: 1 2 3
Number of Courts Requested: 1 2 3
Number of Courts Requested: 4 5 6

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| 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___________________________________________ _____________________________________________
Facility Reservation Request
www.umass.edu/campusrec

Contact Information
Organization: ___________________________________________ ________________________________________________
Contact Person: ___________________________________ Phone Number: __________________________________________
Address: ___________________________________________ Email Address: _______________________________________
City / State / Zip: ___________________________________ Fax Number: _________________________________________
Signature: ___________________________________________ Today’s Date: ______ / ______ / ______

Activity / Event Information
Activity or Event: __________________________________________ Number of Participants Expected: _________________
Semester Reservation: YES NO 2nd Request: M T W Th F Sa Su
Date(s) of Request:____________________________________ Start Time: ________________________________
End Time: ________________________________
1st Request: M T W Th F Sa Su 3rd Request: M T W Th F Sa Su
Date(s) of Request:____________________________________ Start Time: ________________________________
End Time: ________________________________

Area(s) Requested
☐ Resource Room 117 ☐ Gymnasium Courts
☐ Activity Room 118 Number of Courts Requested: 1 2 3
☐ Activity Room 121 ☐ Mullins Tennis Courts
☐ Activity Room 210 Number of Courts Requested: 1 2 3
☐ Activity Room 210 4 5 6
☐ Activity Room 215

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Amherst, MA 01003

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<th>Description</th>
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<th>Yes/No</th>
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### Activity / Event Information

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<td>End Time: ___________________________</td>
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### Area(s) Requested

- Resource 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

### Return Information

Return to: 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

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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___________________________________________
Facility Reservation Request
www.umass.edu/campusrec

Contact Information

Organization: ______________________________________________________
Contact Person: ___________________________ Phone Number: ___________________________
Address: ___________________________________________ Email Address: _______________________
City / State / Zip: ______________________________ Fax Number: _______________________________
Signature: ___________________________________________ Today’s Date: _____ / _____ / ______

Activity / Event Information

Activity or Event: ____________________________________________
Number of Participants Expected: ___________________________
Semester Reservation: YES NO

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<td>Date(s) of Request: ___________________________</td>
<td>Start Time: ___________________________</td>
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Area(s) Requested

- Resource Room 117
- Activity Room 118
- Activity Room 121
- Activity Room 210
- Activity Room 215

- Gymnasium Courts
- Mullins Tennis Courts

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<th>Number of CourtsRequested</th>
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<td>4 5 6</td>
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Amherst, MA 01003

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<tr>
<td>Contract Signed:  YES</td>
<td>Date of Deposit (if applicable): 6/7/2023</td>
</tr>
<tr>
<td>Comprehensive General Liability Insurance Certificate Received: 7/8/2023</td>
<td></td>
</tr>
<tr>
<td>Sexual Molestation/Abuse and Athletic Injury Certificate Received: 8/9/2023</td>
<td></td>
</tr>
<tr>
<td>Athletic Trainer/Injury Care/Medical Staff Credentials Received: 9/10/2023</td>
<td>YES</td>
</tr>
<tr>
<td>University Police Department Required for Event:  YES</td>
<td>NO</td>
</tr>
<tr>
<td>Custodial Staff Required for Event:  YES</td>
<td>NO</td>
</tr>
<tr>
<td>Campus Recreation Staff Required for Event:  YES</td>
<td>NO</td>
</tr>
<tr>
<td>Comments: ___________________________________________</td>
<td>___________________________________________</td>
</tr>
</tbody>
</table>
Facility Reservation Request
www.umass.edu/campusrec

Contact Information
Organization: ________________________________________________________________
Contact Person: ___________________________ Phone Number: _______________________
Address: _____________________________________________________________ Email Address: ___________________________
City / State / Zip: __________________________________ Fax Number: ___________________________
Signature: ________________________________________ Today's Date: ______ / ______ / ______

Activity / Event Information
Activity or Event: ____________________________________________
Number of Participants Expected: ___________________________
Semester Reservation: YES NO

1st Request: M T W Th F Sa Su
Date(s) of Request: _______________________________________
Start Time: ____________________________________________
End Time: ____________________________________________

2nd Request: M T W Th F Sa Su
Date(s) of Request: _______________________________________
Start Time: ____________________________________________
End Time: ____________________________________________

3rd Request: M T W Th F Sa Su
Date(s) of Request: _______________________________________
Start Time: ____________________________________________
End Time: ____________________________________________

Area(s) Requested
Resource Room 117
Activity Room 118
Activity Room 121
Activity Room 210
Activity Room 215
Gymnasium Courts
Mullins Tennis Courts

Number of Courts Requested: 1 2 3
Number of Courts Requested: 1 2 3
Number of Courts Requested: 4 5 6

Return Information
Return to: 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.
<table>
<thead>
<tr>
<th><strong>UMass Campus Recreation</strong></th>
<th><strong>OFFICE USE ONLY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received: _____ / _____ / _____ by: __________</td>
<td>Amount of Rental: $________________________</td>
</tr>
<tr>
<td>Approved: YES NO</td>
<td>Amount of Payment: $________________________</td>
</tr>
<tr>
<td>If YES, date approved: _____ / _____ / _____</td>
<td>CSI Invoice # of Payment: ______________________</td>
</tr>
<tr>
<td>Cancelled (if applicable): _____ / _____ / _____</td>
<td>Date of Payment: _____ / _____ / _____</td>
</tr>
<tr>
<td>Confirmation Date: _____ / _____ / _____</td>
<td>Amount of Deposit (if applicable): $________________</td>
</tr>
<tr>
<td>Date entered into Facility Calendar: _____ / _____ / _____</td>
<td>CSI Invoice # of Deposit (if applicable): ____________</td>
</tr>
<tr>
<td>_____ Contract Signed YES NO</td>
<td>Date of Deposit (if applicable): _____ / _____ / _____</td>
</tr>
</tbody>
</table>

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___________________________________________ _____________________________________________