

**SAM HOUSTON STATE UNIVERSITY
DEPARTMENT OF RECREATIONAL SPORTS
INTRAMURAL RESERVATION FORM**

FOR OFFICE USE ONLY:

Name of Applicant: _____ SAM ID #: _____

Organization/Group: _____ Type/Name of Event: _____

Phone #: _____ E-mail: _____

Date(s) Requested: _____ Duration of Event: _____ TO _____ AM/PM

Estimated Attendance: _____ Equipment Requested: _____

(Example: basketballs, volleyballs, racquets, racquet balls, etc.) *Additional fees may apply!*

Non-current SHSU student/faculty/staff attendees

Description of Event:

FACILITIES REQUESTED:

Recreational Sports Center	Satellite Facilities
Intramural field 1	Upper Pritchett Field
Lights	Lower Pritchett Field
Intramural field 2	Lights
Lights	Holleman Field
Intramural field 3	Lights
Lights	

I have read and understand the Reservation Procedures.

I have read and understand the Recreational Sports Policies and Procedures.

I understand that this form is a request for a Recreational Sports rental and the completion of this form does not guarantee my rental request. By Submitting this form I acknowledge I have read and understand the reservation procedures and facility use policies and agree to comply with all written and posted policies of the Department of Recreational Sports, Sam Houston State University and the State of Texas.

Both boxes must be checked in order to receive reservation approval

FOR OFFICE USE ONLY:

Reservation Approved _____

Reservation Denied _____ Facility Manager _____ Date _____

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	SHSU Student Organization	SHSU Group/Function	Non-SHSU Group/Function
<u>Intramural/Holleman Fields</u>	\$0.00/ Hour	\$0.00/ Hour	\$75.00/ Hour
<u>Pritchett Field Complex</u>	\$0.00/ Hour	\$0.00/ Hour	\$140.00/ Hour
Staffing Costs (mandatory)	\$10.00/ Hour	\$10.00/ Hour	\$10.00/ Hour
<u>Additional IM/Pritchett Fees</u>			
Lights (per field)	\$40.00/ Hour	\$40.00/ Hour	\$40.00/ Hour
Field Striping	-Soccer: \$80.00 -Flag Football: \$80.00	-Softball: \$45.00 -Full Football: \$180.00	

*All other field markings will be calculated on a case by case basis

All prices are at base fee, additional fees may apply

Fees are subject to change

FOR OFFICE USE ONLY:			
Facility Rate \$ _____ X _____ = _____		Deposit Received _____	
Additional Fees \$ _____ = _____		Balance Received _____	
Total Fees _____		Paid in full _____	Date _____

Revised 7/17/17

