A member of the Texas State University System

Club Sports Program

FACILITY REQUEST FORM

Contact ___________________________  Today’s Date _______________________

Club ___________________________  Email _________________________________  Phone # ____________

Reason for Request (please circle one)  Practice  Home Game  Alumni Event  Meeting

If this form is for a home game or alumni event, please include the following information:

Date of Game/Event: ________________  Game Start Time: ________________

What time do you need the field? (i.e. 1p-5p for a 3p soccer game) ________________

If this form is for practices, please include the following information:

Dates of Practice (please list date when practice will start and end): ________________

Please write the hours you want to practice on each of the following days. If you don’t want to
practice on a specific day, just leave it blank:

Monday: ________________  Tuesday: ________________  Wednesday: ________________
Thursday: ________________  Friday: ________________  Saturday: ________________

Please check which facility you are requesting:

HKC BB Court  ____________  Multi Purpose Room  ____________
R-ball Cts.  ____________  Classroom  ____________
HKC Weight Room  ____________  RSC Pool  ____________
IM Field 1  ____________  Upper Pritchett  ____________
IM Field 2  ____________  Lower Pritchett  ____________
IM Field 3  ____________
Johnson Coliseum  ____________  Tennis Courts  ____________

FOR OFFICE USE ONLY:

Facilities Assigned: ________________  Assistant Director: ________________

Days/Times: ________________  Facility: ________________

Club Sports Office: ________________  Date: ________________

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