

FACILITY REQUEST FORM

Club _____ Today's Date _____

Contact _____ Phone _____

Semester Requested Fall _____ Spring _____ Summer _____

Facilities Requested

Health & Kinesiology Center

Gym 1 _____

(Courts 1 & 2)

R-ball Cts. _____

Weight Room _____

HKC Pool _____

Gym 2 _____

(Courts 3 & 4)

Aerobic Rm. _____

Classroom _____

Intramural Field Complex

Field #1 _____

Field #2 _____

Field #3 _____

Sand VB Ct. _____

Pritchett Field

Lower Field _____

Upper Field _____

Johnson Coliseum _____

McAdams Tennis Cts. _____

Dates/Times (be specific and include set-up and take-down times)

Date Starting Practice _____

Date Ending Practice _____

FOR OFFICE USE ONLY:

Facilities Assigned: _____

Assistant Director: _____

Days/Times: _____

Facility: _____

Club Sports Office: _____

Date: _____