

-SAM HOUSTON STATE UNIVERSITY-
Club Sport Program
HOME FIELD FORM

Club Sport _____ **Date of Request** _____
Club President _____ **Phone #** _____
Event _____
Location _____
Date(s)Time(s) _____

Estimated Cost of Games _____ **Using Rec Sports Funds? Yes No Partial**

Club President Signature _____ **Date** _____
Supervisor Signature _____ **Date** _____

*This form must be filled out and returned to the club sport office 3 days before the scheduled home games.

FOR OFFICE USE ONLY:

Facilities Assigned: _____ **Assistant Director:** _____
Days/Times: _____ **Club Sports Office:** _____
Date: _____