REQUEST FOR RECREATIONAL FACILITIES

Date Request Received:____ CRES Contact:____ Entered into R25: ________

Group Requesting Facility: RS Contact Person: Dan Johnson Phone:____

☐ Student Group ☐ Department ☐ Affiliated ☐ Non-Affiliated ☐ Sponsored Non-Affiliated

Title of Activity:________ Type:________ Estimated Attendance:_____ 

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<tr>
<th>DATE</th>
<th>DAY</th>
<th>TIME HELD FOR SETUP/STRIKE</th>
<th>ACCESS TIME</th>
<th>EVENT TIME</th>
<th>SPACE REQUESTED (include alternate)</th>
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Special Needs/set-up:
____________________________________________________________________________________________________________________

For Office Use Only:

Approved:________________________ Denied:________________________ Date:________________

☐ R25 Updated ☐ Customer notified ☐ Received Rec Courts/Field Usage Policy via ☐ email ☐ in person ☐ phone

CRES Contact: ___________________ Event Contact: ___________________

Date: __________________

Recreational Services:_____ Comments:_____________________________________________________________________________

Athletics :_____ Comments:________________________________________________________________________________________

Kinesiology:_____ Comments:_______________________________________________________________________________________

Recreational Facilities:_____ Comments:____________________________________________________________________________

Additional Requirements: ☐ Field Manager ☐ Building Manager ☐ Technician ☐ EMT’s ☐ Rec Fees ☐ Porters
☐ Security ☐ Fire Watch ☐ Parking Attendants ☐ Police ☐ Rental _____________ ☐ Other:______________________________

Additional Information: ☐ Rain Policy ☐ No Vehicles on Fields ☐ Other:__________________________________________________________________________________________

Additional charges:______________________________________________________________________________________________