

SOUTHWESTERN UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
SPORT CLUB PROGRAM
CJR 215 - 863-1606

Semester Facility Request

This is only a request. Confirmations will be made as soon as possible. Check with the Sport Club Director to receive an update of your request.

Semester Facility is Desired _____ Date Submitted _____

Club _____

Person making request _____

Address during the break (include zip code and phone number) _____

I. Practice Request (First Choice):

<u>Place (incl. Rm. #)</u>	<u>Days of Week</u>	<u>Time(s)</u>
_____	_____	
_____	_____	

II. Practice Request (Second Choice):

<u>Place (incl. Rm. #)</u>	<u>Days of Week</u>	<u>Time(s)</u>
_____	_____	
_____	_____	

III. Anticipated Special Events:

1. _____

2.

NOTE: Attach a *Special Event Facility Request Form* for each event the club wishes to request facilities for at this time.

SOUTHWESTERN UNIVERSITY
Intramural and Recreational Activities
CJR 215 - phone #863-1606

SPORT CLUB SPECIAL EVENT FACILITY REQUEST

Club _____ Date Submitted _____

Contact Person _____ Phone _____

Participants will include: _____

Type of Event _____

FACILITY REQUESTED:

Performance Gym _____

Practice Gym _____

Snyder Fields _____

Tennis Courts _____

Swimming Pool _____

Other (e.g. Aerobics Room) _____

DATE(S) AND TIME(S) REQUESTED (allow time for set-up and take-down):

Date _____ Day _____ Times _____

Date _____ Day _____ Times _____

Date _____ Day _____ Times _____

Date _____ Day _____ Times _____

Will admission/entry fee be charged? _____ If yes, amount _____

Is this a fund-raising event? _____ Will concessions be sold? _____

Number of participants _____ Number of spectators _____

Will any special or additional equipment be needed? _____ If so, make reservations for the equipment with the Sport Club Director.

*****For Office Use Only

Approved by Sport Club Director _____

Special instructions

Approved as follows

Scheduled _____ Not Scheduled
