

**Campus Recreation
Facility Request Form**

Today's Date: _____

Today's Time: _____

Name: _____

Phone: _____

Email Address: _____

Organization/Club Name: _____

Organization/Club Advisor: _____

Advisor Phone: _____

Advisor E-mail: _____

FOP Number (Account #): _____

Facility (Circle One): Student Union Gym Swimming Pool Outdoor Field (Specify Field)

2 3 4 5

Fitness Studio (Specify Studio)

Nutter Center (Specify Court)

A B C

1 2 3 4

Request Facility for (Circle One): Single Event Specific Date(s) Entire Quarter

Date(s) / Day(s) Requested: _____

Event Start Time: _____

Event End Time: _____

Number of People Attending: _____

Activity Planned: _____

Equipment Needed: _____

*These times are not guaranteed, they are only a request for space

**Your request will be processed reviewed and confirmation made within 24 hours

***Please be aware that you will be held liable for any damage done to the facilities

Signature Required: _____

Associate Director Approval: _____

Date Scheduled: _____

***Facility request form can be dropped off at the Recreation Desk during normal business hours or
emailed to Andrew.corbett@wright.edu**