Campus Recreation
Facility Request Form

Today's Date (required): ______________________  Today's Time (required): ______________________
Name (required): ____________________________  Phone (required): ____________________________
Email Address (required): _____________________
Organization/Club Name (required): ____________________________
Organization/Club Advisor: ____________________________
Advisor Phone: ____________________________
Advisor E-mail: ____________________________
FOP Number (Account # required): ____________________________

Facility (Circle One):  Student Union Gym  Swimming Pool  Outdoor Field (Specify Field)
                        2  3  4  5  Rinzler
                        Fitness Studio (Specify Studio)  Nutter Center (Specify Court)
                        A  B  C

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

Date(s) / Day(s) Requested (required): ____________________________
Event Start Time (required): ______________________  Event End Time (required): ______________________
Number of People Attending: _________
Activity Planned (required):
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

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.