Campus Recreation Facility Request Form

Today's Date (required):		Today's Time (required): Phone (required):	
Organization/Club 1	Name (required):		
Organization/Club A	Advisor:		
Advisor Phone:			
FOP Number (Acco	unt # 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	1 2 3 4	
Request Facility for	(Circle One): Single Event	Specific Date(s) Entire Semester	
Number of People A Activity Planned (re	equired):		
Equipment Needed:			
**Your request will be pr	ranteed, they are only a request for space cocessed reviewed and confirmation made		
•	ou will be held liable for any damage don		
Associate Director A	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.