

# THE UNIVERSITY OF DAYTON

## Department of Campus Recreation

### Facility Reservation Request Form



**Campus Recreation**  
Learn. Lead. Sweat!

#### RENTAL CONTACT INFORMATION

Organization Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_  
 Main Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### AVAILABLE SPACES FOR REQUEST LEGEND

1- Main Gym 1	4- Main Gym 4	7- Meeting Room A	10- Studio B	13- Climbing Wall
2- Main Gym 2	5- Mac Gym 5	8- Meeting Room B	11- Studio C	14- Stuart Field
3- Main Gym 3	6- Mac Gym 6	9- Studio A	12- Pool	15- Sand Court

#### REQUESTED DATES

		M	T	W	Th	F	S	Sun			Set-Up	Tear Down
Facility #: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: _____	To: _____	_____	_____
		M	T	W	Th	F	S	Sun				
Facility #: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: _____	To: _____	_____	_____
		M	T	W	Th	F	S	Sun				
Facility #: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: _____	To: _____	_____	_____

Expected Attendance: \_\_\_\_\_ Participants' Age: \_\_\_\_\_ # of Adult Supervisors: \_\_\_\_\_

Description of Activity: \_\_\_\_\_  
 \_\_\_\_\_

#### RENTAL INFORMATION

Is the event registered through Kennedy Union?  Y  N  Pending  
 Will food and/or beverages be provided?  Y  N  
 If yes, please explain: \_\_\_\_\_  
 Is it a fundraising event?  Y  N  Pending  
 If so, for what organization? \_\_\_\_\_  
 Will money be collected?  Y  N  Pending  
 What percentage is donated to charity? \_\_\_\_\_

#### STATEMENT OF UNDERSTANDING

I understand that this form is to be submitted at minimum of two (2) weeks prior to the event. Forms may be submitted up to a maximum of four (4) months prior to event. Incomplete request forms will not be accepted or reviewed. I understand that this form is a request for a Campus Recreation Facility rental and the completion of this form does not guarantee my rental request.

ALL EVENTS ARE SUBJECT TO APPROVAL AT THE DISCRETION OF THE DEPARTMENT OF CAMPUS RECREATION.

Sign \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

#### OFFICE USE ONLY

Date Request Received: ___/___/___	Staff Initials: _____
Date Reviewed: ___/___/___	Staff Initials: _____
Date Request Confirmed: ___/___/___	Staff Initials: _____