Northern Kentucky University Department of Campus Recreation

Campus Recreation Facility Reservation Request Form

Name of Group/Organization: ________________________________________ Date of Request: __________________
Name of the Event: _______________________________________________________________________________
Request Made By: _________________________________________________ Day Time Phone #: _____________
Name of Person Organizing Event (if different than Requestor): ___________________________________________
Address: _______________________________________________________________________________________
City: ___________________________________________________________ State: ____________ Zip: __________
Day Time Phone #: ____________________ E-Mail Address: ___________________________________________
Type of Group (check all that apply): ___ Student ___ Fac/Staff ___ Alumni ___ Community ___ Non-Profit

Area Requested (check all that apply):

___ Court #1 ___ Multipurpose Room
___ Court #2 ___ Racquetball Courts
___ Court #3 ___ Swimming Pool
___ Indoor Track ___ Diving Well
___ Weight Room ___ Lap Lanes
___ Locker Rooms ___ Vending Area
___ Other: _______________________________

Reservation Start Date: ___________________ AM/PM Reservation End Date: ___________________ AM/PM
Reservation Start Time: __________________ AM/PM Reservation End Time: __________________ AM/PM
Event Start Time: _______________________ AM/PM Event End Time: __________________ AM/PM

Date(s) Requested: _______________________________________________________________________________

Purpose of Activity: ______________________________________________________________________________
Activity Planned: ________________________________________________________________________________
Estimated Number Attending: _____________________________________________________________________

Will Refreshments/Concessions be served/sold? _____Yes _____No If yes, explain: ___________________

Special Arrangements Requested (tables, chairs, trash cans, bleachers, etc.): __________________________

ALL FACILITY REQUESTS MUST BE SUBMITTED TO THE FACILITY MANAGER IN THE
DEPARTMENT OF CAMPUS RECREATION, AHC 104, AT LEAST TWO WEEKS PRIOR TO THE DATE
OF THE ACTIVITY.

Signature of Person Making Request: _____________________________________________ Date: ____________

Group Advisor’s Signature: _________________________________________________ Date: ______________

**FACILITY REQUESTS WILL NOT BE CONSIDERED UNLESS THIS FORM IS COMPLETED IN ITS INTEGRITY**

OFFICE USE ONLY

DATE RECEIVED: ___________________________
APPROVED: YES OR NO IF NO, EXPLANATION ______________________________________________________
ACTION TAKEN: ______________________________________________________________________________
COMMENTS: ___________________________________________________________________________________