

Texas A & M University - Corpus Christi
Recreational Sports
Facility Request Form

Date Received: _____

General Information

Representative: _____ Phone: _____
 Address: _____ Email: _____
 Organization/Department: _____
 Event Title/Description: _____

Facilities Requested

Gymnasium _____ Gym (# courts _____)
 Activity _____

Activity Areas _____ Tarpie-Multi-Purpose (240) _____ Izzy-Multi-Purpose (243)
 _____ Lower Weights Room (133) _____ Upper Weights (248)
 _____ Wellness Lounge-2nd Floor (244) _____ Family Changing (125)
 _____ Conference Room (115) _____ Family Changing (126)
 _____ Main Corridor/Info Tables (100) _____ Banner

Outdoor Pool _____
 Activity _____

Momentum Multipurpose _____ Football (# Fields _____) _____ Soccer (# Fields _____)
 Fields _____ Softball (# Fields _____) _____ Other: _____
 Activity _____

The following facilities have limited availability for group use:
 Hike and Bike Trail _____

Dates and Times Requested

Day _____ Date _____ Set Up Time _____ Event Start _____ Event End _____ Take Down _____
 Day _____ Date _____ Set Up Time _____ Event Start _____ Event End _____ Take Down _____
 Day _____ Date _____ Set Up Time _____ Event Start _____ Event End _____ Take Down _____

Alternate Date:
 Day _____ Date _____ Set Up Time _____ Event Start _____ Event End _____ Take Down _____

Equipment Needs

Will sports equipment be needed? Yes _____ No _____
 List Equipment _____
 Will tables or chairs be needed? Yes _____ No _____ Quantity _____ Size _____
 Will media equipment be needed? Yes _____ No _____ Type _____

"With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form." Over

Event Information

Estimated number of participants _____ Spectators _____

Will any fees be charged? Yes _____ No _____

If yes, describe. _____

Will food be served or concessions be sold? Yes _____ No _____

If yes, describe. _____

Note that Chartwells has an exclusive food service contract with the University.

Will this event involve an off-campus organization or off campus participants? Yes _____ No _____

If yes, has Community Outreach been contacted (825-2778)? Yes _____ No _____

Account Name _____

Signature on Account: _____

Account Number _____

Account Billing Date: _____

Verification

For University Departments - signature of the Department Chairperson or Dean's signature required.

For Recognized Student Organizations - signature of an officer acting as the representative for the group is required.

By signing this request, responsibility is assumed for the adherence to all applicable University rules and regulations in the conduct of the event.

Print Name _____

Signature _____

Print Title _____

Date _____

Office Use

Approved _____ Not Approved _____ Reason Not Approved _____

EMS Reservation Number _____ Date Entered in EMS _____ Date sent to Organization _____

Entered in Astra _____

Personnel Fees

<u>Number of Hours</u>	<u>Rate</u>	<u>Estimated Cost</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	Subtotal _____

Usage Fees

<u>Number of Hours</u>	<u>Rate</u>	<u>Estimated Cost</u>	
_____	_____	_____	
_____	_____	_____	Subtotal _____

Event Management Fees

	<u>Description</u>	<u>Estimated Cost</u>
Equipment	_____	_____
Custodial	_____	_____
Transportation	_____	_____
Other	_____	_____
		Subtotal _____
		Total _____

Date work orders requested _____

Scheduler's Initials _____

IDT Reference Information _____