



FACILITY & EQUIPMENT RESERVATION REQUEST FORM

www.csuohio.edu/services/recreationcenter

Completion of request does not guarantee a permit will be granted

FORM RECEIVED: _____

ALL REQUESTS MUST BE SUBMITTED AT LEAST 2 WEEKS IN ADVANCE

Day(s) of Event: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
1st Choice: Date(s) of event: _____ 2nd Choice: Date(s) of event: _____

Organization: _____ CSU Campus Group Community Group
(all internal Reservations need to be made through Conference Services)
Contact: _____ Address: _____

Phone Number: (____) _____ Email address: _____

Type of Event: _____ Age range of Group: _____

Number of Attendees: _____ Number of Non-CSU attendees: _____ Number of Chaperones: _____

Will supervisors be provided by organization? Yes No

Will event require electrical outlets/power cords? Yes No

Will food be served? Yes No

Will the event need a tour of the facility? Yes No

Other issues or equipment that will be needed or set-up: _____

***The RC Staff reserves the right to adjust times and assignments to meet the operational needs of the facility.**

FACILITY REQUESTED:

Fees may vary on size of group and usage. Please consult with the Associate Director of Campus Recreation, 216-802-3255

Areas Desired:	Start Time	End Time	Check other Needs:
<input type="checkbox"/> Full Facility	_____	_____	<input type="checkbox"/> Tables and Seats (Number) _____
<input type="checkbox"/> Gym1	_____	_____	<input type="checkbox"/> Goals: Type: _____
<input type="checkbox"/> Gym2	_____	_____	<input type="checkbox"/> Food Service
<input type="checkbox"/> MAC (Auxiliary Gym)	_____	_____	<input type="checkbox"/> TV/VCR/DVD
<input type="checkbox"/> 50 meter Pool	_____	_____	<input type="checkbox"/> Security
<input type="checkbox"/> Instructional Pool	_____	_____	<input type="checkbox"/> Overhead/Screen
<input type="checkbox"/> Game Room	_____	_____	<input type="checkbox"/> Projector
<input type="checkbox"/> Studio 227	_____	_____	<input type="checkbox"/> Volleyball Equipment
<input type="checkbox"/> Studio 229	_____	_____	<input type="checkbox"/> Basketball Equipment
<input type="checkbox"/> Racquetball Court(s)	_____	_____	<input type="checkbox"/> Scoreboards
<input type="checkbox"/> Squash Court	_____	_____	<input type="checkbox"/> Tennis Equipment
<input type="checkbox"/> Seminar Room 112	_____	_____	<input type="checkbox"/> Jerseys
<input type="checkbox"/> Running Track	_____	_____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Roof-top Garden	_____	_____	
<input type="checkbox"/> Conference Room	_____	_____	

Return Completed form to: Sean Ries, Associate Director: s.m.ries@csuohio.edu or call 216-802-3255

****Visa, MasterCard, Checks, Cash or Departmental transfers are accepted!**
Personal Checks must bear the name, address, and phone number of the remitter, and a check sequence number***
All payments are due the day of the event & deposits of 10% for operating hours and \$200 for non-operating hours are to secure your reservation.**

Office Use ONLY: Accepted Not Accepted
Google: _____ CSI: _____ Intranet: _____ Date: _____ Approved By: _____ Deposit: _____ Total charge: _____