



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

1<sup>st</sup> Choice: Date(s) of event: \_\_\_\_\_ 2<sup>nd</sup> 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      | _____      | _____    |  |

Return Completed form to: Sean Ries, Associate Director: [s.m.ries@csuohio.edu](mailto: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  Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Deposit: \_\_\_\_\_ Total charge: \_\_\_\_\_