

REQUEST FOR USE OF SPORTS FACILITIES BY OFF-CAMPUS ORGANIZATIONS

Application Date: _____

EVENT DATE (S) REQUESTED: From: _____ To: _____
DAY (please circle) M Tu W Th F Sa Su

HOURS OF EVENT: Set-up Begins: _____ Actual Event begins: _____ Take Down & Clean Up Until: _____

DETAILED DESCRIPTION OF EVENT or REASON FOR SCHEDULE CHANGE:

Estimated Attendance: _____ Entry Fees: \$ _____ OPEN TO: (circle) STUDENTS FACULTY STAFF PUBLIC ALL

**PLEASE CHECK FACILITY(S) REQUESTED
 LIST HOURS OF EVENT (INCLUDE SET-UP, TAKE DOWN AND CLEAN-UP)**

From	To	From	To	From	To
<u>MAIN GYM</u>		<u>RECREATION GYM</u>		<u>PLAYING FIELDS</u>	
<input type="checkbox"/> Full Court _____		<input type="checkbox"/> Full Court _____		<input type="checkbox"/> Baseball Field _____	
<input type="checkbox"/> North Balcony _____		<input type="checkbox"/> Rec Patio _____		<input type="checkbox"/> Muir _____	
<input type="checkbox"/> West Balcony _____		<input type="checkbox"/> Rec Conf Rm _____		<input type="checkbox"/> Revelle _____	
<input type="checkbox"/> South Balcony _____				<input type="checkbox"/> Marshall _____	
<input type="checkbox"/> Fitness Room _____		<u>TENNIS COURTS</u> (please circle courts needed)		<input type="checkbox"/> Warren Fields _____	
<input type="checkbox"/> Weight Room _____		<input type="checkbox"/> Muir 1-2-3-4-5-6 _____		<input type="checkbox"/> North Campus Rec (specify area) _____	
<input type="checkbox"/> Meeting Room _____		<input type="checkbox"/> Coast 18 _____			
		<input type="checkbox"/> Marshall 17 _____		<input type="checkbox"/> North Campus Rec Track _____	
<u>RIMAC</u> (please circle court(s)/room(s) needed)		<input type="checkbox"/> Warren 15-16 _____		<input type="checkbox"/> <u>PARCOURSE</u> _____	
<input type="checkbox"/> Full Arena _____		<input type="checkbox"/> NCRA 7-8-9-10-11-12-13-14 _____			
<input type="checkbox"/> Arena NE-NW-SE-SW-Main Cts _____				<u>AQUATIC FACILITIES</u>	
		<u>SAND VOLLEYBALL COURTS</u>		<input type="checkbox"/> NATATORIUM _____	
<input type="checkbox"/> Auxiliary Gym/E-W _____		<input type="checkbox"/> Muir North 1-2 _____		<input type="checkbox"/> CANYONVIEW (outdoor) POOL _____	
<input type="checkbox"/> 4th Floor Conf Rm _____		<input type="checkbox"/> Muir South 3-4 _____		<input type="checkbox"/> East # of lanes: _____	
<input type="checkbox"/> Green Room _____		<input type="checkbox"/> Revelle 1 _____		<input type="checkbox"/> West # of lanes: _____	
<input type="checkbox"/> Racquetball Courts #1-2-3-4-5-6-7-8 _____		<input type="checkbox"/> Warren 1-2 _____			
<input type="checkbox"/> Team Room #1-2-3-4 _____		<u>OUTDOOR BASKETBALL COURTS</u>		<u>CANYONVIEW FACILITIES</u>	
<input type="checkbox"/> Weight Room/ Pit _____		(circle courts needed)		<input type="checkbox"/> Weight Room _____	
<input type="checkbox"/> Activity Room #1-2-3 _____		<input type="checkbox"/> Muir 1-2-3 _____		<input type="checkbox"/> Climbing Wall _____	
<input type="checkbox"/> Green Room Lobby _____		<input type="checkbox"/> Revelle 4-5 _____		<input type="checkbox"/> Meeting Room _____	
<input type="checkbox"/> 3rd Fl Lobby _____		<input type="checkbox"/> Warren 7 _____			
<input type="checkbox"/> Concourse Patio _____				<u>OTHER</u> _____	
<input type="checkbox"/> Green Room Patio _____					
<input type="checkbox"/> Arena Lobby _____					

SERVICES REQUIRED: Floor Covering _____ Raise/Lower Baskets _____ Bleachers _____ Tech Crew _____ Police _____
 Field Lining _____ Signs _____ Will Do Clean Up _____ Audio-Visual _____
 Special Equipment _____ Move Equipment _____
 Special Parking Needs _____ Access _____
 Setup _____ Other _____

CONDITIONS

1) Applicant agrees that any activity conducted will be in accordance with all pertinent University regulations and policies, as well as any applicable federal, state or local laws. 2) Any damages or unusual expenses incurred by the University resulting from this activity will be the responsibility of the user. 3) A minimum of two lifeguards are mandatory for all aquatic events.

Signature of person responsible for event _____ Date _____
 SPONSORING ORGANIZATION: _____ "BLUE FORM" []
 NAME OF APPLICANT _____ Telephone _____
 BILLING NAME _____ Telephone _____
 Address _____ Fax: _____

FOR DEPARTMENT USE ONLY: Distribution Date _____ Email: _____
 Block Approval or Denial: _____ ICA _____
 _____ REC _____

Approved _____ Denied _____ Date _____ Reservation Number _____
 Don Chadwick, Director / Zelda McLeish, Asst. Director

Please return to: UNIVERSITY OF CALIFORNIA, SAN DIEGO, SPORTS FACILITIES 0530, 9500 GILMAN DRIVE, LA JOLLA CA 92093-0530
For more information please contact Sports Facilities at (858) 534-7884 or Fax at (858) 534-8956, Website: <http://sportsfac.ucsd.edu>