

REQUEST FOR USE OF SPORTS FACILITIES BY UCSD CAMPUS ORGANIZATIONS

Application Date: _____

EVENT DATE(S) REQUESTED: _____

DAY (please circle) (Mon) (Tues) (Wed) (Thurs) (Fri) (Sat) (Sun)

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

NAME OF EVENT: _____

DETAILED DESCRIPTION OF EVENT or REASON FOR SCHEDULE CHANGE: _____

Estimated Attendance:_____ Entry Fees: \$_____ Team Registration Fees: \$_____ Will food and/or beverages be served? _____
Will Merchandise be sold or any sponsor/give-aways?_____ OPEN TO: (circle all that apply) STUDENTS FACULTY STAFF PUBLIC ALL

NAME OF APPLICANT _____ Email: _____
(Please Print)

Telephone _____ Fax: _____

SPONSORING ORGANIZATION: _____ Principal Member: _____

INDEX #: _____ Fund #: _____ Org #: _____

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

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

SERVICES REQUESTED (Check all that apply): Tables (#) _____, Chairs (#) _____, Trash Cans (#) _____, Dry erase board [],
Field Lining _____, Flip Scorecard [], (Raise []/Lower []) Baskets, Floor Covering [], Bleachers [],
Audio-Visual: Screen [], A/V Projector [], Sound System [], Mic [], Special Equipment (Description) _____,
Catering: Home Plate Sports Café [], UCSD Catering [], Off Campus Catering [], Security [], Special Parking Needs/Access [],
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 _____

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

STATUS, Date: _____ TAP _____ STATUS, Date: _____

Approved _____ Denied _____ Date _____ Reservation Number: _____
Don Chadwick, Director / Zeldia McLeish, Asst. Director Canceled Date: _____

Please return to: SPORTS FACILITIES OFFICE, RIMAC 4TH FLOOR, MAIL CODE 0530, Phone (858) 534-7884 or Fax#: 858-534-8956

Website: <http://sportsfac.ucsd.edu>