

**REQUEST FOR USE OF SPORTS FACILITIES BY UCSD 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: \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_  
**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)**

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

**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: \_\_\_\_\_ UE&SA "BLUE FORM" [ ]  
 NAME OF APPLICANT \_\_\_\_\_ Telephone \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address or Campus Mail Code \_\_\_\_\_ Email: \_\_\_\_\_

**INDEX #:** \_\_\_\_\_ **Fund #:** \_\_\_\_\_ **Org #:** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:** Distribution Date \_\_\_\_\_  
 Block Approval or Denial: \_\_\_\_\_ ICA \_\_\_\_\_  
 \_\_\_\_\_ REC \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Reservation Number \_\_\_\_\_  
 Don Chadwick, Director / Zeldia McLeish, Asst. Director

**Please return to: SPORTS FACILITIES OFFICE, MAIL CODE 0530, ext. 47884 or Fax#: 48956 Website: <http://sportsfac.ucsd.edu>**