

## ATHLETIC/RECREATION FACILITY REQUEST FORM

## University of Wisconsin – Whitewater

Reservation Type:	□ Fall Semester	□ Spring Seme	ester o	Summer	□ Event Only	
Name of Group			Date of	f Request _		
Name of Activity/E	vent		Estir	mated # of	People	
Day/Date(s)	Time(s) _	Facility	Requested:.			
Day/Date(s)	Time(s) _	Facility	Requested:.			
Day/Date(s)	Time(s) _	Facility	Requested:.			
Day/Date(s)	Time(s) _	Facility	Requested:.			
			Personnel Needs:			
			□ Bldg. Superv	visor (Hrs	)	
Please place an (X) in	all of the following boxes	that apply:	□ Lifeguards	(Hrs	)	
Set-Up/Equipment I	Needs:		□ Custodian(s	) (Hrs	)	
□ Chairs (no □ Bleachers (no □ Sports Equipment (list): □ Audio/Visual Equipmen □ Other (list):	t (list):	)	Describe Concession	Food/Beve ents to be Se ons to be Solo	rved:	
Signature	(Person responsible for Event)		Da	ate		
******	**************************************	IOT WRITE BI	ELOW THIS	S LINE**	******	****
YOU ARE CONFIR	RMED FOR THE FOI	LLOWING RE	SERVATIO	N:		
Day/Date(s)	Time(s)	Facility				
Day/Date(s)	Time(s)	Facility	·			
Day/Date(s)	Time(s)	Facility	·			
Day/Date(s)	Time(s)	Facility	·			
Day/Date(s) Day/Date(s) Day/Date(s)	THE EXCLUSION I	_Conflict _Conflict _Conflict				
Set-Up/Equipmore Personnel Facility Use Fee Other	Please wait to be billed after thent () = \$	, 	_	UW V	Therese Kennedy r of Recreation Sports Vhitewater -100 Willian Whitewater, WI 531: (262) 472-1544 Fax: (262) 472-187: Email: kennedyt@uww	& Facilities ns Center 90
Approved By			 Date			

White - Facility User

Yellow - Office