

WRITE LEGIBLY!!!!
Sport Club Facility/Room Request Form

Club Name: _____ **Date Submitted:** _____
Contact Person: _____ **Phone Number:** _____
Start Time: _____ **End Time:** _____
Contact E-mail: _____ **Date(s) Needed:** _____

Building/Field Preference:

Burdick Field Newell Field University Union Towson Center
 Lecture Hall Linthicum Hall Gym Burdick Hall
Other: _____

Type of Room/Field Needed: _____ (Classroom, Gym, Field, etc.)

Number of People Attending: _____

Event Description:

Special Equipment Needed? Yes No
Type: (TV, Projector, VCR, etc.) _____

Signature: _____ **Club Position:** _____

OFFICE USE ONLY

Date Received: _____ **Date of Confirmation:** _____
Time Received: _____ **Time of Confirmation:** _____

Notes:

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