

UNIVERSITY OF WASHINGTON
DEPARTMENT OF RECREATIONAL SPORTS PROGRAMS

FACILITY USE REQUEST

Instructions

All requests for use of the Intramural Activities Building, Hutchinson Hall, Outdoor Fields and Tennis Courts, must be made out in Duplicate. Complete Part I for weekly practices or meetings held throughout the quarter and/or Part II for games, tournaments, meetings, or single events. To cancel a previously reserved facility, submit a copy of the original request with the dates and times to be cancelled. Requests are approved in writing only.

Requesting Group	Current Date
Coordinator (print)	Coordinator (Signature)
Organization Mailing Address	Campus Phone
Facility/Fields Requested	Alternate Phone
Purpose	E-mail

I. Quarterly Schedule Request (Weekly practices or meetings)

Indicate the first and last date of use and the time of use next to each day.

Circle Quarter	Fall Winter Spring Summer	Set-up or special instructions (Goals, Field Lining, etc.)
Dates:	From / / To / /	
Times:	(From) (To)	
Monday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	
Tuesday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	
Wednesday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	
Thursday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	
Friday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	
Saturday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	
Sunday	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> P	

II. Individual/Special Event Request (Games, Meetings, Tournaments, etc.)

Fill in the date, day, event and time below for each event. Indicate special instructions or set-up above. Time should include set-up and take down.

Date:	Day (Check box)	Event Title	From	To	Time	Actual Event Start Time
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P
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DEPARTMENT USE ONLY

Approved	Disapproved	Date
Comments/Changes		