This facility request form does NOT guarantee that the dates and times requested are reserved. You will receive a confirmation via e-mail once dates and times have been reserved. Facility Request forms should be submitted a minimum of 2 weeks prior to the event. Standard requests usually take 2-3 business days to process. Special requests may take 5+ business days to process.

**Contact Information:**

Name of Sponsoring Group or Organization: ____________________________  
Address for Agreement/Contract: ____________________________  
City, State Zip: ____________________________  
Point of Contact Person: ____________________________  
Title: ____________________________  
E-mail: ____________________________  
Primary Phone: ____________________________

**Usage Information:**

Name of Activity or Event: ____________________________  
Estimated Number of Participants: ______  
Time (please include am / pm)  
Check here if this request is for the entire semester:  
Requested Date*: ____________  
☐ ☐ ☐ ☐ ☐ ☐ ☐  
☐ ☐ ☐ ☐ ☐ ☐ ☐  
From: ____________ to: ____________  
☐ FALL ☐ WTR ☐ SUM  
*If you have multiple dates please place ‘multiple’ in the date field and list dates/time in Special Needs Section below or attach a list to this request

**Requested Space:**

☐ Short Course Lanes* ___  
☐ Long Course Lanes* ___  
☐ Pool-Deep End/Diving Boards  
☐ Pioneer Room (formerly Aquatic Classroom)  
☐ Alcove  
☐ Other: ______

**Setup Needs:**

________________________________________________
________________________________________________

**Special Needs/Requests:**

________________________________________________
________________________________________________

It is understood that your group will:

- Abide by all facility rules and regulations of University Recreation and Well-Being.
- Coordinate group entry into the RecCenter based on appropriate group usage policies.
- Be responsible for the conduct, behavior and location of all members of the group while using the Recreation Center.
- Provide Certificates of Insurance, if required.

By signing, you acknowledge that you have reviewed our Facility Usage Guidelines listed on our website:  
www.oakland.edu/recwell

________________________________________________
Representative of Sponsoring Organization Signature  
Date  
Dept Fund Number

1 Department requests that are after hours or require staffing need to include a Department Fund Number for charge backs.