

## Oakland University Recreation and Well-Being AQUATIC CENTER USAGE/RENTAL REQUEST FORM

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.

| <b>Contact Information:</b>                         |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| Name of Sponsoring Group or                         | Organization:                     |  |  |  |
| Address for Agreement/Contra                        | act:                              | City, State Zip:                           | City, State Zip:                               |  |
| Point of Contact Person:                            |                                   | Title:                                     | Title:Primary Phone:                           |  |
|   |                                   | Primary Phone:                             |  |  |
| Usage Information:                                  |                                   |  |  |  |
| Name of Activity or Event:                          |                                   | Estimated Number of Participants:          |  |  |
|   | MTWRFSS                           | Time (please include am / pm)              | Check here if this request                     |  |
| Requested Date*:                                    |                                   | From: to:                                  | is for the entire semester: ☐ FALL ☐ WTR ☐ SUM |  |
| -   |                                   | list dates/time in Special Needs Section b |  |  |
| Requested Space:                                    |                                   | ·  | ,  |  |
| ·   | ☐ Short Course Lanes <sup>†</sup> |  | quatic Classroom)                              |  |
|   | ☐ Long Course Lanes <sup>*</sup>  |  | ,  |  |
| ☐ Pool-Deep End/Diving Boards                       |                                   | ☐ Other:                                   |  |  |
| Setup Needs:  |                                   |  |  |  |
| ·   |                                   |  |  |  |
|   |                                   |  |  |  |
|   |                                   |  |  |  |
| Special Needs/Requests:                             |                                   |  |  |  |
| opeoiai Necus/Requests.                             |                                   |  |  |  |
|   |                                   |  |  |  |
|   |                                   |  |  |  |
| -   |                                   |  |  |  |
| It is understood that your grou                     | ın will:                          |  |  |  |
| , ,   | •                                 | sity Recreation and Well-Being.            |  |  |
|   |                                   | on appropriate group usage policie         |  |  |
| <ul> <li>Be responsible for the contert.</li> </ul> | onduct, benavior and locat        | ion of all members of the group wl         | nile using the Recreation                      |  |
| <ul> <li>Provide Certificates of Ir</li> </ul>      | nsurance, if required.            |  |  |  |
| By signing, you acknowledge tha                     | t you have reviewed our Fa        | cility Usage Guidelines listed on ou       | ır website:                                    |  |
| www.oakland.edu/recwell                             |                                   |  |  |  |
|   |                                   |  |  |  |
| Representative of Sponsoring                        | Organization Signature            | //<br>Date                                 | Dept Fund Number <sup>1</sup>                  |  |
|   | - Januarin Olginaturo             |  |  |  |

<sup>&</sup>lt;sup>1</sup> Department requests that are after hours or require staffing need to include a Department Fund Number for charge backs.