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. 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: _____

M T W R F S S 

Time (please include am / pm) Check here if this request is for the entire semester:

Requested Date*: _________ From: _________ to: _________ Fall  Fall  Winter  Winter  Summer  Summer

*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:

☐ Rec Gym Court 1  ☐ Activity Center  ☐ David E. Herman Room
☐ Rec Gym Court 2  ☐ Studio 919
☐ Rec Gym Court 3  ☐ Racquetball Court
☐ Other: ______

Equipment Needs:

☐ Tables (#): _____ 6’ Rounds  _____ 18’ x 6’  _____ 24’ x 6’
☐ Chairs (#):______  ☐ LCD Projector  ☐ Sound System/Audio/Mic

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 Rec 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 Limited Use Space
2 Department requests that are after hours or require staffing need to include a Department Fund Number for charge backs.