



# Oakland University Recreation and Well-Being REC 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. **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: \_\_\_\_\_

Requested Date\*: \_\_\_\_\_ M T W R F S S Time (please include am / pm) \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_  FALL  WTR  SUM

*Check here if this request is for the entire semester:*

*\*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<sup>1</sup>
- Rec Gym Court 3  Racquetball Court<sup>1</sup>  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](http://www.oakland.edu/recwell)

\_\_\_\_\_  
Representative of Sponsoring Organization Signature Date \_\_\_\_\_ Dept Fund Number<sup>2</sup> \_\_\_\_\_

<sup>1</sup> Limited Use Space  
<sup>2</sup> Department requests that are after hours or require staffing need to include a Department Fund Number for charge backs.