

American University Club Sports Facility Reservation Form

Date: _____ Club: _____

Submitted by: _____

Phone: _____ E-Mail: _____

Date(s) of Event: _____

Time of Event: _____

Type of Event: _____

Check Facility Space Requested:

- | | | |
|----------------------------|----------------------------|---------------|
| _____ Gymnasium | _____ Court A | _____ Court D |
| _____ Aerobics Studio | _____ Wrestling Room | |
| _____ Tenley Field | _____ Jacob's Field (Turf) | |
| _____ Ketter-Palmer Lounge | | |

Equipment Needed: _____

Number of Participants: _____

Number of Spectators: _____

Director of Intramurals and Club Sports:

Date:

Director of Athletic Facilities:

Date:
