

The University of Texas at Dallas

Recreational Sports Facility Reservation Request

Date: _____

Group Name: _____

Contact Person: _____

Address: _____

Email: _____

Phone: _____ Cell: _____

Description of event: _____

Number of Participants: _____

Advisor Name: _____

Advisor Signature: _____

Does a university department cosponsor the event? No Yes (Department: _____)

Will an admission or entry fee be charged? No Yes (Amount of fee: _____)

Facility Space Requested (If more than one field or court is required indicate number in space provided):

- | | | |
|---|---|--|
| <input type="checkbox"/> Full Main Gym | <input type="checkbox"/> Natatorium (# lanes _____) | <input type="checkbox"/> Soccer (# _____) |
| <input type="checkbox"/> Side Court (# _____) | <input type="checkbox"/> Softball (# _____) | <input type="checkbox"/> Auxiliary Gym |
| <input type="checkbox"/> Multipurpose Room | <input type="checkbox"/> Multipurpose Field | <input type="checkbox"/> Tennis Courts (# _____) |

Additional Requirements:

- | | | |
|---|---|---|
| <input type="checkbox"/> Security | <input type="checkbox"/> Lifeguards | <input type="checkbox"/> Stage (Size _____) |
| <input type="checkbox"/> Sound System | <input type="checkbox"/> Chairs (# _____) | <input type="checkbox"/> Tables (# _____) |
| <input type="checkbox"/> Bleachers (#of spectators _____) | | |

Food: Served Sold Both

Beverages: Served Sold Both

Indicate event dates and times below:

First Choice:

Second Choice:

Third Choice:

Day(s): _____

Day(s): _____

Day(s): _____

Date(s): _____

Date(s): _____

Date(s): _____

Time(s): _____

Time(s): _____

Time(s): _____

Requested set up time(s): _____

Does the group carry insurance? Yes (Proof required) No (Non-University groups must provide proof of insurance)

If the request is granted, a confirmation letter will be sent to the group leader. The facility is considered booked when a signed copy of the confirmation letter is returned to Recreational Sports.

Mail or fax request to: *Recreational Sports
The University of Texas at Dallas
800 W. Campbell Road
Richardson, TX 75080
(972) 883-2096
(972) 883-2026 (fax)*

Office Use Only: Reviewed by: _____ Date: _____ High Risk Event: Yes or No Additional Insurance Required: Yes or No Sent to Business Affairs Office: Yes or No If yes, Date sent _____ If high risk, Director Signature: _____ Additional Comments:
