



UW Recreation

Facility Reservation Application

Registered Student Organizations

Please fill out information below with regard to your facility request and submit via email to cyarb@uw.edu or drop the form off at the Member Services Desk located at the IMA. Complete Part I for weekly practices or meetings held throughout the quarter and/or Part II for games, tournaments, meetings, or single events.

Contact Information

Requesting RSO:	Current Date:
Coordinator (Print):	Coordinator (Signature):
RSO Mailing Address:	Coordinator Phone #:
Facility/Fields Requested:	Alternate Phone #:
Purpose:	E-mail:

I. Quarterly Schedule Request (Weekly practices or meetings)

Indicate the first and last date of use and the time of use next to each day.

Circle Quarter	Fall	Winter	Spring	Summer	Equipment Requests:
Dates:	From / /		To / /		
Times:	(From)		(To)		
Monday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		
Tuesday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		
Wednesday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		
Thursday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		
Friday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		
Saturday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		
Sunday	<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P		

II. Individual/Special Event Request (Games, Meetings, Tournaments, etc.)

Fill in the date, day, event and time below for each event. Indicate special instructions or set-up above. Time should include set-up and take down.

Date:	Day (Check box)	Event Title	From	To	Time	Actual Event Start Time
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P
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	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P
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UW RECREATION USE ONLY

UW Recreation Coordinator Approval:	Disapproved:	Date:
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