

INDOOR FACILITY/OUTDOOR FIELD RESERVATION FORM

Information must be PRINTED and LEGIBLE to be processed.



Phone 515-294-4980 Fax 515-294-1412

NAME OF ORGANIZATION: _____ TODAY'S DATE: _____

NAME OF ACTIVITY: _____

TYPE OF ACTIVITY (Choose ALL That Apply):

Tournament Academic Class Project ROTC Event Clinic / Workshop

Theme Week Event Sport Club Practice Fundraiser Other _____

DESCRIBE THE ACTIVITY: _____

DAY/DATE REQUESTED: _____ EXPECTED ATTENDANCE: _____

2nd CHOICE DAY/DATE : _____

TIMES: Start Time (including set up) _____ AM PM End Time (clean up/tear down completed by) _____ AM PM

LOCATION REQUESTED:

BEYER GYM (3BB/1 full or 3 VB) BEYER HALL POOL BEYER 101 (Multi Purpose)

BEYER ROOM 103 (Multi Purpose) BEYER ROOM 203 (Multi Purpose) BEYER ROOM 301 (Large Group Fitness Studio)

BEYER OUTDOOR BASKETBALL COURTS DISC GOLF COURSE LIED RECREATION CENTER (Courts)

LIED RECREATION CENTER (Fitness Studio) LIED RECREATION CENTER (Turf) STATE GYM (3 BB/1 full or 2 badminton courts)

STATE GYM BASEMENT RCA/M-W-L FIELDS (6 football/soccer fields) TOWERS FIELDS (8 football/soccer fields)

TOWERS INLINE SKATE RINK S.E. RECREATION COMPLEX (12 football fields, 12 softball fields) S.E. RECREATION COMPLEX SAND VOLLEYBALL COURTS (6 courts)

Number of Courts/Fields Requested: _____

Is the event open to the public? No Yes Admission charge if applicable: _____

Will any of the participants not be ISU Students? No Yes

Will you serve food? No Yes Who is providing/cooking the food/what type? _____

Will you sell anything? No Yes If so, what? _____

Do you need tables and chairs? No Yes If yes, how many of each? Tables _____ Chairs _____

ORGANIZATION REPRESENTATIVE		ADVISOR INFORMATION	
Your Name:		Name:	
Address:		Address:	
Phone:	Email:	Phone:	Email:
Position:		Position:	
I understand that the requesting organization is financially responsible for any and all damages, including lost or damaged equipment and any clean up costs that occur during or after the activity.		I understand that the requesting organization is financially responsible for any and all damages, including lost or damaged equipment and any clean up costs that occur during or after the activity.	
Signature _____ Date _____		Signature _____ Date _____	

Facility Reservation Review Dates: Advance requests normally will not be considered until 3 weeks prior to the start of each semester. Requests must be made at least 14 days prior to the event request date. Requests will be acted upon based upon priority scheduling, availability and date of request. Confirmations/Denials will be sent via e-mail.

Priority Scheduling: Reservations are based upon the following order: 1) Intramurals, 2) Sport Clubs, 3) Campus Organizations, 4) University Affiliations, 5) Off-Campus Groups.

Equipment: A limited inventory of sports equipment is available at the Outdoor Recreation Center, located in 0260 State Gym (294-8200). A nominal fee is required to check out equipment, which can be reserved up to 30 days in advance. An ISU card is required for equipment rental.

Please return this form to 2220 State Gym or the Lied Recreation Center Service Desk.