



FACILITY SPACE REQUEST

GENERAL INFORMATION

Organization: \_\_\_\_\_  
Description: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please return this completed request to the Athletic Office in Keating Sports Center.  
Reservations should be made a minimum of 5-7 days prior to the event.

FACILITIES REQUESTED

Keating Sports Center

1 Basketball or Volleyball Court (North)   
2 Court Gym (North)   
2 Court Gym (South)

Primary Court (South)   
All Courts (North & South)

Keating Recreation Field

IIT Tennis Courts   
please indicate 1 or 2 courts

PARTICIPATION NUMBERS

Estimated number of participants \_\_\_\_\_ Entry fee charged? YES NO If yes, amount? \_\_\_\_\_  
Estimated number of spectators \_\_\_\_\_ Admission fee charged? YES NO If yes, amount? \_\_\_\_\_

DATE OF EVENT

First Choice

Day(s): MON TUES WED THURS FRI SAT SUN  
Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Second Choice

Day(s): MON TUES WED THURS FRI SAT SUN  
Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

As the representative for the group and the event requested on this form, I understand the regulations applying to the use of University facilities and physical activity spaces supervised by the Department of Athletics. **All facilities will be left in the condition in which they are found.** I will assume responsibility for the adherence to these regulations and policies if the request is approved. I also agree to play an active role in the event's planning and clean up.

Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The Department of Athletics reserves the right to cancel any program that does not meet established rules and regulations, or when the requesting group is unable or unwilling to adequately perform all required duties and responsibilities related to the event. This also applies to outdoor reservations and weather conditions.

NOTE: **This is only a REQUEST for facility usage;** in no way does this request constitute confirmation.