University of New England Athletic Department
GYM/FIELD RESERVATION REQUEST FORM

NAME of GROUP _____

CONTACT PERSON(S) _____ **Phone #**_____

ADDRESS _____

_____

EVENT _____ _____

SPACE NEEDED (please check one or more) **GYM ( ) SOCCER FIELD ( )**
SAND FIELD ( ) LIBRARY/SOFTBALL FIELD ( )

DATE(S) _____

TIME (include set up and breakdown time) _____

ALTERNATIVE DATE(S) _____

EQUIPMENT OR OTHER NEEDS
_____

NOTE: It is YOUR RESPONSIBILITY to coordinate with Facilities Management if there is additional set up or equipment needed.

SIGN and RETURN FORM to Kasey Keenan in the Athletic Department. If you have any questions concerning reservation or sould you decide to cancel the event, PLEASE E-MAIL ME (kkeenan@une.edu) IMMEDIATELY!

_____ _____

Signature of contact person ***Date***

~~~~~~

COMPLETED BY OFFICE STAFF

Date(s) and Event Confirmed – Yes ( ) No ( )
_____

Time(s) Confirmed – Yes ( ) No ( )
_____

Date reservation booked _____ **Date confirmation sent** _____

Kasey Kennan, Coordinator of Recreational Sports & Athletics
~~~~~~