

REQUEST FOR USE OF SPORTS FACILITIES BY UCSD CAMPUS ORGANIZATIONS

Application Date: _____

DATE(S) REQUESTED: From: _____ To: _____
DAY (please circle) M Tu W Th F Sa Su

HOURS OF EVENT: Set-up Begins: _____ Actual Event begins: _____ Take Down & Clean Up Until: _____

NAME OF EVENT: _____
DETAILED DESCRIPTION OF EVENT or REASON FOR SCHEDULE CHANGE:

Estimated Attendance: _____ Entry Fees: _____ OPEN TO: (circle) STUDENTS FACULTY STAFF PUBLIC ALL

**PLEASE CHECK FACILITY(IES) REQUESTED
 LIST HOURS OF EVENT (INCLUDE SET-UP, TAKE DOWN AND CLEAN-UP)**

	From	To		From	To		From	To
MAIN GYM			<input type="checkbox"/> RECREATION GYM			PLAYING FIELDS		
<input type="checkbox"/> Full Court	_____	_____	<input type="checkbox"/> Rec Patio	_____	_____	<input type="checkbox"/> Baseball Field	_____	_____
<input type="checkbox"/> West Balcony	_____	_____	<input type="checkbox"/> Rec Conf Rm	_____	_____	<input type="checkbox"/> Muir	_____	_____
<input type="checkbox"/> South Balcony	_____	_____				<input type="checkbox"/> Revelle	_____	_____
<input type="checkbox"/> Fitness Room	_____	_____	TENNIS COURTS (please circle courts needed)			<input type="checkbox"/> Marshall	_____	_____
<input type="checkbox"/> Weight Room	_____	_____	<input type="checkbox"/> Muir 1-2-3-4-5-6	_____	_____	<input type="checkbox"/> Warren Fields	_____	_____
<input type="checkbox"/> Meeting Room	_____	_____	<input type="checkbox"/> Coast 18	_____	_____	<input type="checkbox"/> North Campus Rec (specify area)	_____	_____
			<input type="checkbox"/> Marshall 17	_____	_____			
RIMAC (please circle court(s)/room(s) needed)			<input type="checkbox"/> Warren 15-16	_____	_____	<input type="checkbox"/> North Campus Rec Track	_____	_____
<input type="checkbox"/> Full Arena	_____	_____	<input type="checkbox"/> NCRA 7-8-9-10-11-12-13-14	_____	_____	<input type="checkbox"/> PARCOURSE	_____	_____
<input type="checkbox"/> Arena NE-NW-SE-SW-Main Cts	_____	_____						
			SAND VOLLEYBALL COURTS			AQUATIC FACILITIES		
<input type="checkbox"/> Auxiliary Gym-E/W	_____	_____	<input type="checkbox"/> Muir North 1-2	_____	_____	<input type="checkbox"/> NATATORIUM	_____	_____
<input type="checkbox"/> 4th Floor Conf Rm	_____	_____	<input type="checkbox"/> Muir South 3-4	_____	_____	<input type="checkbox"/> CANYONVIEW (outdoor) POOL	_____	_____
<input type="checkbox"/> Green Room	_____	_____	<input type="checkbox"/> Revelle 1	_____	_____	# of lanes: _____		
<input type="checkbox"/> 1st Floor Conf Rm	_____	_____	<input type="checkbox"/> Warren 1-2	_____	_____			
<input type="checkbox"/> Racquetball Courts #1-2-3-4-5-6-7-8-9-10	_____	_____				CANYONVIEW FACILITIES		
			OUTDOOR BASKETBALL COURTS			<input type="checkbox"/> Racquetball Court	_____	_____
<input type="checkbox"/> Team Room #1-2-3-4	_____	_____	(circle courts needed)			<input type="checkbox"/> Weight Rm	_____	_____
<input type="checkbox"/> Weight Room/ Pit	_____	_____	<input type="checkbox"/> Muir 1-2-3	_____	_____	<input type="checkbox"/> Climbing Wall	_____	_____
<input type="checkbox"/> Activity Room #1-2-3	_____	_____	<input type="checkbox"/> Revelle 4-5	_____	_____	<input type="checkbox"/> Meeting Rm	_____	_____
<input type="checkbox"/> Green Room Lobby	_____	_____	<input type="checkbox"/> Warren 7	_____	_____			
<input type="checkbox"/> 3rd Fl Lobby	_____	_____				OTHER	_____	_____
<input type="checkbox"/> Concourse Pati	_____	_____						
<input type="checkbox"/> Green Room Patio	_____	_____						
<input type="checkbox"/> Arena Lobby	_____	_____						

SERVICES REQUIRED: Floor Covering _____ Raise/Lower Baskets _____ Bleachers _____ Tech Crew _____ Police _____
 Field Lining _____ Signs _____ Will Do Clean Up _____ Audio-Visual _____
 Special Equipment _____ Move Equipment _____
 Special Parking Needs _____ Access _____
 Setup _____ Other _____

CONDITIONS

1) Applicant agrees that any activity conducted will be in accordance with all pertinent University regulations and policies, as well as any applicable federal, state or local laws. 2) Any damages or unusual expenses incurred by the University resulting from this activity will be the responsibility of the user. 3) A minimum of two lifeguards are mandatory for all aquatic events.

Signature of person responsible for event _____ Date _____
 SPONSORING ORGANIZATION: _____ UE&SA "BLUE FORM" []
 NAME OF APPLICANT _____ Telephone _____ Fax: _____
 Address or Campus Mail Code _____ Email: _____
 INDEX #: _____ Fund #: _____ Org #: _____

FOR DEPARTMENT USE ONLY: Distribution Date _____
 Block Approval or Denial: _____ ICA _____
 _____ PE _____
 _____ REC _____
 Approved _____ Denied _____ Date _____ Reservation Number _____
 Don Chadwick, Director

Please return to: SPORTS FACILITIES OFFICE, MAIL CODE 0530, ext. 47884 or Fax#: 48956