UNIVERSITY AT ALBANY - ATHLETIC DEPARTMENT
FACILITIES RESERVATION REQUEST FORM

INFORMATION ABOUT THE EVENT:

TITLE OF EVENT: __________________________
DATE OF EVENT: __________________________
TIME OF RESERVATION: (allow for setup and breakdown)
TIME OF EVENT: __________________________
NO. OF PARTICIPANTS: Men _____ Women _____ Spectators _____ Total _____
NAME OF PERSON MAKING REQUEST: __________________________
NAME OF PERSON RESPONSIBLE FOR EVENT: __________________________
MAILING ADDRESS: __________________________ PHONE NUMBER: _________ EMAIL ADDRESS: __________________________

ATHLETIC FACILITIES REQUESTED:

<table>
<thead>
<tr>
<th>SEFCU Arena</th>
<th>Physical Education Building</th>
<th>Outdoor Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball Court (East)</td>
<td>Basketball Court A</td>
<td>Varsity Baseball Field</td>
</tr>
<tr>
<td>Basketball Court (Center)</td>
<td>Basketball Court B</td>
<td>Varsity Softball Field</td>
</tr>
<tr>
<td>Basketball Court (West)</td>
<td>Basketball Court C</td>
<td>Alumni Field (Astro Turf)</td>
</tr>
<tr>
<td>Lower Running Track</td>
<td>Dance Studio</td>
<td>John Fallon Field (Lacrosse Turf)</td>
</tr>
<tr>
<td>Upper Running Track</td>
<td>Wrestling Room</td>
<td>Practice Fields 1/2/3/4/5</td>
</tr>
<tr>
<td>Conference Room</td>
<td>Bubble</td>
<td>Dutch Quad Field</td>
</tr>
<tr>
<td>Hall of Fame Room</td>
<td>Outdoor Track</td>
<td>Dutch Quad Tennis Courts</td>
</tr>
<tr>
<td>Atrium/Lobby</td>
<td></td>
<td>Bob Ford Field</td>
</tr>
<tr>
<td>Racquetball Court(s) B/C/D</td>
<td></td>
<td></td>
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</tbody>
</table>

FACILITY ARRANGEMENTS AND/OR EQUIPMENT NEEDED (PLEASE BE AS SPECIFIC AS POSSIBLE):

________________________________________________________

SOURCE OF FUNDS: ☐ SA ☐ State ☐ Other ☐

IS THERE AN ADMISSION CHARGE OR PARTICIPANT FEE:

☐ NO ☐ YES If Yes: Amount $_____

IS YOUR ORGANIZATION TAX EXEMPT:

☐ NO ☐ YES If Yes: Tax #:_____

SIGNATURE OF PERSON COMPLETING THE FORM __________________________ DATE __________________________

OFFICE USE ONLY

Cost Estimate: __________________________
Student Involvement Approved_______ Denied_______
Signature_________________________ Date__________

Revocable Permit: __________________________
Approved_______ Denied_______
Signature_________________________ Date__________

Insurance: __________________________
Approved_______ Denied_______
Signature_________________________ Date__________

Payment Received: __________________________
Approved_______ Denied_______
Signature_________________________ Date__________

Comments: __________________________
Approved_______ Denied_______
Signature_________________________ Date__________

Campus Recreation
Approved_______ Denied_______
Signature_________________________ Date__________