

CAPITAL UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
CLUB SPORT PROGRAM

Facility Request

This is only a request. Confirmations will be made as soon as possible. Check with the Club Sport Director to receive an update of your request.

Semester Facility is Desired _____ Date Submitted _____

Club _____

Person making request _____

E-mail Address and Cell Phone # _____

I. Practice Request (First Choice):

<u>Place (incl. Rm. #)</u>	<u>Days of Week</u>	<u>Time(s)</u>
_____	_____	_____
_____	_____	_____

II. Practice Request (Second Choice):

<u>Place (incl. Rm. #)</u>	<u>Days of Week</u>	<u>Time(s)</u>
_____	_____	_____
_____	_____	_____

III. Anticipated Special Events:

1. _____
2. _____