



Arkansas State University-Jonesboro
CLUB SPORTS
Facility Reservation Form



Club Sport _____
Player Name _____ ASU ID _____
E-mail _____ Phone _____
Alternate Contact _____ Phone _____
Club Advisor _____ Phone _____

Name of Event _____ Estimated Attendance _____
Date(s) Requested _____ Time _____ AM / PM to _____ AM / PM

Request:

REQUESTED FIELDS		LIGHTS?	RED WOLF CENTER		
IM Field 1	YES NO	YES NO	BBall Court A	YES NO	
IM Field 2	YES NO	YES NO	BBall Court S	YES NO	
IM Field 3	YES NO	YES NO	BBall Court U	YES NO	
IM Field 4	YES NO	YES NO	MAC Gym	YES NO	
Softball Field	YES NO		Dance Studio	YES NO	
Practice Field (FP)	YES NO		Spin Studio	YES NO	
RUGBY PITCH	YES NO				
Practice Field(Rugby)	YES NO				

Detailed Description of Event (including activities planned, anticipated attendees, etc.)

Detailed Description of Set-Up (including tables, chairs, electronic equipment, etc.)

I have read and understand the reservation procedures and facility use restrictions and agree to comply with all written and posted requirements of the Department of Campus Recreation.

Applicant's Signature _____ Date _____

Advisor's Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Facility Rate \$ _____ X _____ = _____

Reservation Approve _____ Additional Fees _____ = _____

Reservation Denied _____

Club Sports Director _____ Date _____