



On-Campus/Off-Campus Group Facilities Request form

Organization Name: _____

Organization Address: _____

Organization Contact Info: _____
Phone Email Fax

Requester: _____
First Name Last Name Title

Requester Contact Info: _____
Phone Email Cell/Pager

Table with 5 columns: Facilities Requested*, Dates, Times (includes setup & wrap-up), Reg Hrs, OT Hrs. Rows include Gym 100, Gym 100 (C & J), Gym 147, Tennis Courts, Cox Stadium, Maloney Field, and other.

Name of event: _____

Type of activity: _____

of participants: _____ # of spectators: _____ Will there be off-campus (participants) or (spectators)? [] yes [] no

Will there be outside vendor's equipment, services or personnel present at the facilities requested? [] yes [] no

Will there be food served? [] yes [] no

Requirements: [] Tarp(2) [] Bleachers Special needs: _____

I, the undersigned, am a representative of the above Organization. I accept full financial and administrative responsibility for the above event. The Organization shall abide by all rules and regulations of SFSU and CHHS. I understand that reservations are not confirmed until OSPLD or the Office of Special Events approves the event, and all relevant fees have been paid. Non-compliance of any of the above conditions is cause for cancellation. CHHS reserves the right to refuse or cancel reservations based on maintenance needs or other University functions.

Signature of Requestor: _____ Date: _____

Assigned Supervisor(3): _____

Supervisor's Signature: _____ Date: _____

(I accept full responsibility for supervising the above event(s) and will be physically present during the dates and times indicated.)

Reg hours: _____ Total fee (4): \$ _____ Chk no: _____
OT hours: _____ Date rec'd: _____ Chk date: _____ [] Payment in full

This Facilities Request has been reviewed by the College of Health and Human Services. Reservation is tentatively confirmed pending event approval by OSPLD or the Office of Special Events.

CHHS Operations Support Coordinator: _____ Date: _____

OSPLD / Office of Special Events approval met(5)? [] Yes [] No Date of Approval: _____

If not approved, reason for denial: _____

Signature of Approver: _____ Date: _____

* Current semester only for On-Campus organizations.

(1) No food or drinks are allowed in the Gym. Tennis shoes must be worn at all times.

(2) Non-sporting events in the Gym require tarping. A custodial fee for tarping will be assessed by Campus Support Services.

(3) All events at CHHS facilities require an approved CHHS Supervisor.

(4) For On-Campus organizations, the supervisor's fee is paid at the time of reservation. Off-Campus organization fees are coordinated by the Office of Special Events.

(5) Reservations are confirmed upon approval by OSPLD or the Office of Special Events.