



**The University of Akron, Student Recreation & Wellness Services
FACILITY REQUEST FORM**



**ALL COMMUNITY REQUESTS MUST BE SUBMITTED AT LEAST 4 WEEKS IN ADVANCE
ALL ON CAMPUS GROUP REQUESTS MUST BE SUBMITTED AT LEAST 2 WEEKS IN ADVANCE**
If submission is near or close to University holiday please add additional week for processing

Organization Name:

UA Student Organization

UA Department

Community

Main Contact & Title:

Current Address:

Phone:

(2nd) Phone:

E-mail:

Fax:

Day (s) of Event:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date (s) of Event [1st choice]:

Date (s) of Event [2nd choice]:

Date (s) of Event [3rd choice]:

Start Time (including set-up) am/pm

End Time (including take down) am/pm

Type of Event:

Age Range of Group:

Estimated Number of Guests:

Estimated Number of Chaperones/Supervisors:

Detailed explanation of the event:

Facility Requested: SRWC

ONAT

BOTH

Please list any questions you might have:

Completion of this form does not guarantee request will be granted

OFFICE USE ONLY:

FORM RECEIVED: _____

REVIEWED BY: _____

CONTACTED ON: _____