



**FACILITY USE REQUEST FORM**  
ATHLETICS AND RECREATIONAL SERVICES

**EVENT DETAILS**

EVENT NAME: \_\_\_\_\_

DATE(S) OF EVENT: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

SET-UP START TIME (if applicable): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

EVENT START TIME: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

EVENT END TIME: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

CLEAN-UP END TIME (if applicable): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**FACILITY REQUESTING:**

**Indoor Facilities**

**Outdoor Facilities**

Main Gym: \_\_\_\_\_ Main Lobby: \_\_\_\_\_ Skybox: \_\_\_\_\_ Soccer Field: \_\_\_\_\_

½ Main Gym: \_\_\_\_\_ Dance/Flex Room: \_\_\_\_\_ Ref Accommodation: \_\_\_\_\_ Softball Field: \_\_\_\_\_

Auxiliary Gym: \_\_\_\_\_ Meeting Room: \_\_\_\_\_ Locker Rooms: \_\_\_\_\_ Entire Facility: \_\_\_\_\_

**ADDITIONAL EQUIPMENT REQUEST:**

Stage/Platforms: \_\_\_\_\_ Tables: \_\_\_\_\_ Rec Equip: \_\_\_\_\_ Table Top Scoreboard: \_\_\_\_\_

Fence/Partitions: \_\_\_\_\_ Chairs: \_\_\_\_\_ Score Tables: \_\_\_\_\_ Team Benches: \_\_\_\_\_

Concession Stand: \_\_\_\_\_ Sound System: \_\_\_\_\_ Bleachers: \_\_\_\_\_ Pop-up Tents: \_\_\_\_\_

Ticket Counter: \_\_\_\_\_ Score Board: \_\_\_\_\_ Coolers: \_\_\_\_\_ Water/Ice: \_\_\_\_\_

**GROUP DETAILS**

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

AFFILIATION: Student: \_\_\_\_\_ Faculty Member: \_\_\_\_\_ Staff Member: \_\_\_\_\_ External: \_\_\_\_\_

**PLEASE NOTE:**

- ALL REQUESTS MUST BE SUBMITTED at least two weeks in advance of the date requested (one month for special events)
- ALL REQUESTS MUST BE SUBMITTED by an officer of a registered club, organization, department, or alumni group
- RESERVATIONS WILL NOT BE REVIEWED for the fall semester before July 1st; for the spring semester before December 1st; and for the summer session before March 1st.

**EVENT:**

ARE GUESTS INTERNAL OR EXTERNAL TO RUTGERS? \_\_\_\_\_ IS THE EVENT OPEN TO THE GENERAL PUBLIC? \_\_ YES \_\_ NO

ESTIMATED NUMBER OF PARTICIPANTS: \_\_\_\_\_ ESTIMATED NUMBER OF SPECTATORS: \_\_\_\_\_

ARE YOU CHARGING ADMISSION FOR THIS EVENT? \_\_ YES \_\_ NO

DURING WHAT HOURS WILL CASH BE PRESENT AT YOUR EVENT (FOR ADMISSION, VENDORS, OR SALES)?

START: \_\_ END: \_\_ OR \_\_ NO CASH WILL BE PRESENT

ARE YOU USING A BAND/ DJ? \_\_ YES \_\_ NO WILL YOU MAKE ANNOUNCEMENTS THROUGHOUT YOUR EVENT? \_\_ YES \_\_ NO

WOULD YOU LIKE AN ELECTRONIC SIGN PLACED ALONG COOPER ST TO WELCOME YOUR GUESTS? \_\_ YES \_\_ NO

• REQUESTED TEXT : \_\_\_\_\_

WILL YOUR GROUP NEED A SHUTTLE FOR TRANSPORTATION? \_\_ YES \_\_ NO

WOULD YOU LIKE THIS EVENT TO BE CONSIDERED FOR DISPLAY ON THE CAMPUS CALENDAR? \_\_ YES \_\_ NO

- [WWW.EMS.CAMDEN.RUTGERS.EDU/CALENDAR](http://WWW.EMS.CAMDEN.RUTGERS.EDU/CALENDAR)
- PLEASE PROVIDE A DETAILED DESCRIPTION OF EVENT TO BE POSTED ON THE CAMPUS CALENDAR
- \_\_\_\_\_

**FOOD SERVICE/CATERING:**

I \_\_ WOULD/ \_\_ WOULD NOT LIKE TO REQUEST FOOD SERVICE ESTIMATED SERVICE TIME: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_ EXAMPLE: CONTINENTAL BREAKFAST, LUNCH, BEVERAGE SERVICE, RECEPTION, BUFFET

CATERING PROVIDER: \_\_\_\_\_ EXAMPLE: RUTGERS DINING, SLICE OF NY, FRIENDS CAFÉ, ETC....

RUTGERS DINING CATERING MENU: [HTTP://EVENTS.CAMDEN.RUTGERS.EDU/CATERING-INFORMATION](http://EVENTS.CAMDEN.RUTGERS.EDU/CATERING-INFORMATION)

IS ALCOHOL BEING SERVED? \_\_ YES \_\_ NO

**PARKING & SECURITY:**

\*MONDAY-FRIDAY: PARKING FEE IS \$2 PER VEHICLE

\*FRIDAY EVENING -SUNDAY EVENING: EVENT RELATED PARKING ON CAMPUS IS FREE

I \_\_ WOULD/ \_\_ WOULD NOT LIKE TO PURCHASE PARKING PERMITS

ANTICIPATED NUMBER OF CARS \_\_\_\_\_

I \_\_ DO/ \_\_ DO NOT EXPECT MY GUEST(S) TO NEED HANDICAP ACCESSIBLE PARKING; # OF PASSES \_\_\_\_

**SECURITY:**

*THE RUTGERS UNIVERSITY POLICE WILL DETERMINE THE AMOUNT OF SECURITY NEEDED. RUPD HAS FINAL JURISDICTION OVER THE EXTENT AND TYPE OF POLICE COVERAGE REQUIRED. IF RUPD DETERMINES A NEED FOR POLICE COVERAGE, IT WILL BE PROVIDED AT YOUR COST.*

**BILLING:**

Method of Payment: Credit Card: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Rutgers IPO: \_\_\_\_\_

**SCOPE OF EVENT/ SPECIAL REQUESTS**

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**PLEASE EMAIL THIS COMPLETED FORM TO RESERVE@CAMDEN.RUTGERS.EDU OR FAX TO (856) 225-6196. FEEL FREE TO CONTACT US AT (856) 225-6162 WITH ANY QUESTIONS YOU MAY HAVE CONCERNING YOUR EVENT.**