

**Facility/Equipment Reservation Request Form
Kinesiology & Wellness Recreation Center**

SECTION I: CONTACT INFORMATION

Name _____ Cell Phone Number _____

Email _____ Today's Date _____

Please fill where appropriate: Academic Class _____ Department _____

Student Organization _____ Other _____

SECTION II: DESCRIPTION OF EVENT

Please include a brief description and purpose of the request

Location/Room Number(s)*	Date(s)	Time(s)

*Gym 1, Gym II, 105 weight room, 104 cardio room, 205 small aerobics room, 225 large aerobics room, OR OTHER (Please indicate where activity will be held whether on/off the TAMIU campus)

- Expected number of participants: _____
- Will the room need to be vacated during class time? _____
- Will the activity take place elsewhere outside from the REC? If so Where? _____

SECTION III: REQUESTED SPECIAL NEEDS

(Please specify quantity/description needs)

- Rec. Sports Equipment: _____
- Will minors (<18) be participating? _____

(If your request requires the usage of media, catering, or other needs outside of what the Rec. Sports Department can normally provide you with, you may be asked to submit an online request through the Event Services Department at <http://www.tamtu.edu/reservation>. Student Organizations may also be asked to submit requests through the Department of Student Activities at Student Center room 226.)

SECTION IV: TO BE FILLED OUT BY OFFICE

Name of Employee who received request: _____ Date: _____

Room request approval: ___ Yes ___ No Approver signature/date: _____

Please submit this form two business days prior to reservation to Roberto Garza, Associate Director of Recreational Sports. For more information, call 326-3019.