



Reservation Request Form

Completion of this form does not constitute confirmation of a reservation. The information you provide on this form will help us to customize your request, depending on the space available. To best accommodate your request, please submit 72 hours in advance.

Contact Information

Group/Department: _____ Phone Number: _____
 Contact Person: _____ Fax Number: _____
 Address: _____ E-Mail Address: _____ @ _____
 _____ Budget Number: _____

Event Information

Date(s) of Event: _____ Number Attending: _____
 Access Time: _____ Intended Usage or Nature of Event: _____
 Start Time: _____
 End Time: _____

Location (Circle Preference)

Guy Wicks East: All Field Area _____ Shattuck Amphitheater Band Field North Kibbie
 Guy Wicks West: All Field Area _____ Tennis Courts: PEB Admin
 Other: _____

Equipment

Please list equipment requests/needs:

Set-ups

Chair(s): Number: _____ Volleyball Net(s): Number: _____ Other: _____
 Table(s): Number: _____ Badminton Net(s): Number: _____

Please Read

Declination of Risk: The University of Idaho, it's Regents, agents, employees and the State of Idaho are not responsible for the actions or omissions of user groups utilizing UI recreational facilities. Accidents, injuries, loss of property, or other losses will be the responsibility of the user group requesting the use of the facilities.

In addition, user groups are responsible for providing on-site supervision and notification of cancellation. Failure to provide notifications of cancellation will result in the user group begin charged for expenses incurred by Campus Recreation, if any.

I agree to the above terms and conditions. I also understand that this is only a request for reservation and will be contacted by the facility scheduler for confirmation of the request.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Info Verified: _____ Staff: _____
 Received By: _____ Confirmation Type: _____ Equipment: _____