

# Clark University

DEPARTMENT OF ATHLETICS  
KNELLER ATHLETIC CENTER  
FACILITY REQUEST FORM

NAME/ORGANIZATION \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ON-CAMPUS GROUP \_\_\_\_\_ OFF-CAMPUS GROUP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ BOX NUMBER \_\_\_\_\_  
Room No. or Street Dorm or City

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE OF REQUEST (1<sup>ST</sup> CHOICE) \_\_\_\_\_ TIME REQUESTED \_\_\_\_\_  
Day Date From To

(2<sup>ND</sup> CHOICE) \_\_\_\_\_ TIME REQUESTED \_\_\_\_\_  
Day Date From To

IS YOUR ORGANIZATION PROFIT OR NONPROFIT? \_\_\_\_\_

NUMBER OF PARTICIPANTS \_\_\_\_\_ NUMBER OF SPECTATORS \_\_\_\_\_

APPROXIMATE NUMBER OF PARKING SPACES NEEDED \_\_\_\_\_

RATIO OF ADULTS TO YOUTH PARTICIPANTS \_\_\_\_\_

NAME AND PHONE NUMBER OF ORGANIZATION'S PERSON WHO WILL BE ON-SITE DURING EVENT:

NAME \_\_\_\_\_ DAY \_\_\_\_\_ EVENING \_\_\_\_\_ CELL \_\_\_\_\_

NAME AND PHONE NUMBER OF YOUR ON-SITE MEDICAL PERSON: (Certified Trainer, EMT, etc.)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IS THERE A FEE CHARGED TO PARTICIPANTS OR TEAMS? IF YES, HOW MUCH? \_\_\_\_\_

WILL THERE BE AN ADMISSION CHARGE? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WILL THERE BE FOOD, CONCESSIONS, ETC? \_\_\_\_\_

## FACILITY REQUESTED

KNELLER ATHLETIC CENTER  
(HURST BASKETBALL COURTS) \_\_\_\_\_

KNELLER ATHLETIC CENTER  
(VOLLEYBALL AREA) \_\_\_\_\_

POOL \_\_\_\_\_

CONFERENCE ROOM \_\_\_\_\_

LOCKER ROOMS/SHOWERS \_\_\_\_\_

OTHER \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_

## EQUIPMENT REQUESTED (IN AS MUCH DETAIL AS POSSIBLE)

PLEASE LIST \_\_\_\_\_

PURPOSE OF ABOVE REQUESTS: (PLEASE BE SPECIFIC, ATTACH SEPARATE SHEET IF NECESSARY)

PLEASE RETURN TO:

FAX NUMBER: (508)793-7627 OR  
EMAIL: rball@clarku.edu

ROXANNE BALL  
DEPARTMENT OF ATHLETICS  
CLARK UNIVERSITY  
950 MAIN STREET  
WORCESTER, MA 01610

PLEASE NOTE THAT DEPENDING  
ON YOUR REQUEST AND NEEDS,  
THERE MAY BE FEES INVOLVED.