



## Facility Booking Request Form

### CONTACT INFORMATION:

Name: \_\_\_\_\_

Name of Club/Group/Organization: \_\_\_\_\_

Contact Position within Club/Organization: \_\_\_\_\_

Student # (if Trent Group): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### FACILITIES REQUESTED:

Full Gym:       Half Gym:       Main Field:       Half Field:

Second Field:       Squash Courts:       Multi-Purpose Room:       Conference Room:

Other:  Please specify: \_\_\_\_\_

### DATES/TIMES REQUESTED:

Please list clearly how much time you are requesting. Please list 3 options (ie. Multi-Purpose Room once/week. 1st choice Saturday 2-4pm, 2nd choice Monday 10am-12noon, 3rd choice Friday 11am-1pm for 4 weeks starting October 1st).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CLUB/GROUP INFORMATION:

Number of members: \_\_\_\_\_

Please give a brief description of your club/group/organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PERTINENT INFO:**

Please list any other pertinent information we should know about your request. For example: "We would like to bring our own portable nets. Are we allowed?"

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**EQUIPMENT NEEDED:**

Please list any equipment needed that you may need for your booking. For example "Use of 2 volleyball nets", "4 Tables and 8 chairs", etc.

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**OFFICE USE ONLY**

Long term: \_\_\_\_\_ One time only: \_\_\_\_\_

Follow-up:  Contract:  Setup sheet:

Comments (facility/dates/times given):

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Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form:**

**In person to Sue Robinson, Campus Rec, Fitness and Facility Coordinator Trent University  
Department of Athletics Office, 2nd Floor P.S.B Wilson Athletics Complex**

**OR by mail to:**

**Trent University Department of Athletics  
1600 Westbank Drive  
Peterborough, Ontario  
K9J 7B8**

**OR by fax to: (705) 748-1447**

**ALL FACILITY REQUESTS REQUIRE A MINIMUM OF THREE WORKING DAYS TO PROCESS  
ONCE RECEIVED.**