OFFICE USE ONLY:

BP #_____

Acct. Title_____

Mail Code_____

REQUEST FOR USE OF UNIVERSITY PREMISES AND FACILITIES

Southern Illinois University - Recreational Sports and Services

For Space Requests - return to Assistant Director of Facilities

300 E. Grand Ave., Carbondale, IL 62901 MC-6717

Fax to: Amber Armstrong at 618/453-1238

OFFICE USE ONLY:

EMS #_____

Emailed on:_____

DEPARTMENT/ORGANIZATION _____

TYPE OF EVENT _____

(What space will be used for)

EVENT DETAILS _____

_____

PLEASE CHECK ONE OF 5 BOXES BELOW WHICH DESCRIBES YOUR GROUP *

☐ Campus Department ☐ Registered Student Organization (Must first receive funds approval stamp from Student Life if paying from your RSO account.)

☐ Outside Organization

List the date and each area you are requesting below:

Date(s)	Hours		Estimated # of Participants	Space Desired (List areas separately)
	From	To		

Please Answer the Following:

1. Will there be an admission charge, sale of items, collection of donations or any money generated at this event (excluding dues, assessments or initiation fees)? ☐ Yes ☐ No
   Organizations are required to deposit any such funds into their Organization Fund Account.
2. Is this event a fund-raiser for charity? ☐ Yes ☐ No If so, which charity? _____
3. Will there be any non-SIU-affiliated speakers and/or performers? ☐ Yes ☐ No Name: _____
4. Are any non-University individuals attending or invited to this event? ☐ Yes ☐ No
5. Will food and/or beverage be served? ☐ Yes ☐ No ☐ Breakfast; ☐ Lunch; ☐ Dinner; ☐ Reception; ☐ Coffee; ☐ Other: _____
6. Will there be a set-up: (Alternations of existing facilities, need for equipment of services)? ☐ Yes ☐ No
7. Is insurance required? ☐ Yes ☐ No Note: Insurance will be required for ALL school groups and any activities that involve risk.

Remarks (For RSS - Room Arrangement)

Note: Group is responsible for all cleanup and any damages incurred as a result of this event. **

THIS REQUEST FOR SPACE WILL BE IN A TENTATIVE STATUS. IT WILL BE CHANGED TO CONFIRMED ONCE YOU RECEIVE A CONFIRMATION FROM THE ASSISTANT DIRECTOR OF FACILITIES.

I agree that the above organization(s) will abide by the University governing use of University Premises.

Signature of Authorized Organizational Agent (s): _____

Name of Department Dean/Director/Head that approves event (Not Needed if non-SIU Group)

Contact Person _____

(Group representative attending event and responsible for conducting event or activity)

MUST Complete for Contact Person:

Local Address _____ City _____ Zip Code _____

Campus Address _____ Phone _____

Email Address _____

* The fiscal officer hereby approves the above mentioned RSO under account number _____ to incur the listed charges for the events on the dates and times listed above.

Fiscal Officer signature _____ **Date:** _____

(Not Needed if non-SIU Group)

Rental Rates

Group A = SIUC Registered Student Organizations, Group B = Southern Illinois University - Carbondale Campus Departments
Group C= Non-Southern Illinois University Organizations/Private Entities

Indoor Space	**Group A+B**	**Group C**
Space/room	**Minimum Charge (per hour)**	**Minimum Charge (per hour)**
200 Meter Track- Lower Level	$30	$40
Alumni Lounge	$25	$50
Pickleball Court 1, 2 or 3	$20	$20 * plus entry fee per person
Climbing Wall	$20	$40
Climbing Wall II	$40	$60
Group Fitness Studio	$40	$50
Martial Arts Room	$20	$50
Multisport Court 4, 5, 6 or 7	$30	$50
Natatorium Diving Well	$30	$40
Natatorium East End	$35	$40
Natatorium West End	$35	$40
Pool Lounge 1	$20	$30
Turf Court 1-2	$30	$50

Outdoor Space	**Group A+B**	**Group C**
Space/room	**Minimum Charge (per hour)**	**Minimum Charge (per hour)**
*Becker Pavilion (2hr minimum)	$140	$180
Each additional hour over 2 hours	$50	$70
Bucky's Haven	$15	$25
Rec Sports Complex Field 1 - softball	$40	$60
Rec Sports Complex Field 2 - softball	$40	$60
Rec Sports Complex Field 3 - baseball	$40	$60
Rec Sports Complex- Outfields of 1&2	$40	$60
Sam Rinella Field	$30	$40
Saluki Courts	$10	$15

* RSO's may use this space Monday -Friday from 8am-5pm, free of charge. However, they are still required to reserve the space. Costs are for facility use only. Rec Sports and Services will determine additional staffing or setup costs based on the event. Some equipment is available at an additional cost (stages, speaker, microphone, etc).

Do Not Write Below This Line (For Office Use Only)

Facility Charges:

Area/Room	Charge/hr	X	Hours	=	Cost
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

Total Facility Charges: _____

Entry Fees:

_____ dep. (under 16) X $4.00 _____
_____ participating adults X $10.00 _____
_____ participating campers X $5.00 _____

Total Entry Fees: _____

RSS Personnel Wages:

Number	X	Rate/hr	X	Hours	=	Cost
_____	X	$_____	X	_____	=	_____
_____	X	$_____	X	_____	=	_____
_____	X	$_____	X	_____	=	_____
_____	X	$_____	X	_____	=	_____

Total Wages: _____

Amount Due:

_____ + _____ = _____
Facility & Wage Fees Entry Fees Total

Total Facility & Wage Charges: _____

Staff Signature: _____

CONTACTED BY _____ Date _____

EVENT APPROVED BY _____ Date _____

Cancellation Policy: If a reservation is cancelled 7 days or more in advance a full refund will be issued (minus a $10.00 processing fee). Insufficient Funds will result in an additional $30.00 Fee.