

Facility Request Agreement Form Office of Campus Recreation

Facility/Space Requested (Please check all that apply)

Fitness Center	Studio 1
Pool (# of Lanes)	Studio 2
Doc's Field (Half Whole)	Studio 3
Sandy Volleyball Court	Racquetball Court(s) (# of Courts)
Tennis Courts (# of Courts)	Climbing Wall
Basketball Gym (Half Whole)	
Contact Person (Please PRINT):	Phone #:
Date(s) of Event:	Time of Event:
Organization Requesting Space:	
Approximate Number of Participants:	
Purpose of Reservation:	
Please list any specific needs or setup instructions:	
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In consideration for the authorization to use the fac	ilities of the University of Tennessee, Health Science
Center, Memphis Tennessee, the undersigned organ	•
	save, and hold harmless the University of Tennessee,
Health Science Center, Memphis, Tennessee and it's	•
injury or property damage arising out of this particu	
injury or property damage ansing out or this particu	ial use of the facilities.
Signature	Date

Please submit to the Office of Campus Recreation, SAC 312.