

**School of Physical Education & Tourism Management Space Request Form**

Event Date (s) \_\_\_\_\_ Event Name \_\_\_\_\_

**Event Contact Information**

Name of Organization _____	Contact Person's Name _____
Billing Address _____	Contact Person's Phone _____
City _____	Mobile Phone _____
State _____	Fax Number _____
Zip _____	Contact Person's E-mail _____

**Event Information**

Day(s) of the Event     Sunday     Monday     Tuesday     Wednesday  
 Thursday     Friday     Saturday

Date(s) of the Event	Start Time	End Time	Set-up Time	Tear Down Time	Supervisor
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Purpose of the Event \_\_\_\_\_

**Facility Areas Request**

- |   |  |                                 |                                 |                             |
|---|--|---------------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> Large Gym (PE150)          | <input type="checkbox"/> Instructional Field | <b>Other *</b>                  | <b>Special Needs *</b>          | <b>* Additional Charges</b> |
| <input type="checkbox"/> Auxiliary Gym (PE 156)     | <input type="checkbox"/> Softball Field #2   | <input type="checkbox"/> Lights | <input type="checkbox"/> Tables |                             |
| <input type="checkbox"/> Racquetball Court (PE 153) | <input type="checkbox"/> Softball Field #3   | <input type="checkbox"/> Lights | <input type="checkbox"/> Chairs |                             |
| <input type="checkbox"/> Other                      | <input type="checkbox"/> Softball Field #4   | <input type="checkbox"/> Lights | <input type="checkbox"/> Other  |                             |

**Return Request Form:**

**Mail: IUPUI Intramural and Recreational Sports**  
**901 W. New York St., PE 043**  
**Indianapolis, IN 46202**

**IUPUI Contact Information:**

**Phone (317) 274-2824**  
**Fax (317) 278-2041**  
**E-mail [mrotaaut@iupui.edu](mailto:mrotaaut@iupui.edu)**  
**Website [www.iupui.edu/~iupuirec](http://www.iupui.edu/~iupuirec)**

This form is simply a request form and not a facility rental agreement. This request is non-binding and therefore does not guarantee the requested dates, times or facilities. If the requested facilities are available on the date(s) requested, the University reserves the right in its sole discretion decline to enter into a rental or use agreement. If the University agrees to enter into such an agreement, there may be service, labor, equipment and other charges or fees assessed for the facilities and/or services needed. For more information, please call (317) 274-2824.

**For Office Use Only:**

Date Initial Contact \_\_\_\_\_

Received Request From: \_\_\_\_\_

**Distribution List**

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Booked in Computer Calendar        | <input type="checkbox"/> Fiscal Office            | <input type="checkbox"/> Campus Police   | <input type="checkbox"/> Natatorium |
| <input type="checkbox"/> Booked on Large Calendar           | <input type="checkbox"/> Concession               | <input type="checkbox"/> Parking Service | <input type="checkbox"/> Athletics  |
| <input type="checkbox"/> Received Contract (staple on back) | <input type="checkbox"/> Ecology/Building Service | <input type="checkbox"/> Grounds Service | <input type="checkbox"/> Zone 2     |
| <input type="checkbox"/> Supervisor on Duty                 | _____   |  |                                     |