

SOUTHWESTERN UNIVERSITY
Intramural and Recreational Activities
CJR 215 - phone #863-1606

Semester Facility Request

This is only a request. Confirmations will be made as soon as possible. Check with the Sport Club Director to receive an update of your request.

Semester Facility is Desired _____ Date Submitted _____

Club _____

Person making request _____

E-mail Address and Cell Phone # _____

I. Practice Request (First Choice):

| <u>Place (incl. Rm. #)</u> | <u>Days of Week</u> | <u>Time(s)</u> |
|----------------------------|---------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

II. Practice Request (Second Choice):

| <u>Place (incl. Rm. #)</u> | <u>Days of Week</u> | <u>Time(s)</u> |
|----------------------------|---------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III. Anticipated Special Events:

1. _____
2. _____