

## Student Recreation and Fitness Center Printable Facilities Request (Form "D")

Date Submitted: _____
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Review Campus Recreation Intramural Services Scheduling Guidelines before processing this form.

This form is to be submitted to the C.R.I.S. Scheduling Office 10 days in advance of the activity. (Ph # 678-3457, Fax # 678-2167)

**General Information (Please Print)**

Event Title: _____	Sponsoring Campus Organization/Dept.: _____	Phone #: _____
Person Responsible: _____	Billing Address: _____	Fax #: _____

<p>Check One: (General Public must be less than 50% of participants)</p> <p>UM Student Group _____</p> <p>Fac./Staff Group _____</p> <p>General Public _____</p>
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<p>Category:</p> <p>Student Organization _____</p> <p>Continuing Ed. _____</p> <p>Athletic _____</p> <p>Club Sport _____</p> <p>UM Department _____</p>	<p>Setup Needs: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Space Reservation**

Date(s) <small>(Attach Information)</small>	From/ Until Event Time <small>(Includes Setup Time)</small>	Space Requested	Daily Attn.

**Signatures**

Applicant's Signature _____	Title _____	
Advisor's Signature _____	Phone & Fax # _____	Email _____

**CRIS Estimated Charges**

**Method of Payment**

Supervisor Fee: _____		Check _____
Custodian Fee: _____		Cash _____
Equipment Rental: _____		Transfer Voucher _____
User Fee: _____		TV Account # _____
Total Charges: _____		TV Department _____

**CRIS Approvals**

Approved: _____	Date: _____
Denied: _____	Date: _____