All requests must be made by completing this form and faxing (828-227-7120) or turning it into the CRC Main Office at least two weeks prior to the event. **RESERVATION IS NOT FINAL UNTIL CONFIRMATION IS RECEIVED.** Please note that the organization/department is responsible for any costs or damages associated with the reservation or activity.

**Activity Title:** ___________________________  **Date of Activity:** ___________________________

**Time of Activity:** ________ AM/PM to ________ AM/PM  **Setup time:** ________ AM/PM

**Desired Location (Circle one):**  
- Campus Recreation Center (Room: ______________)  
- Reid Pool  
- Norton Fields  
- Camp Lab Fields  
- Disc Golf Course

**Attendance Expected:** ______  **Description of Activity:** _______________ 

**Organization or Campus Department:** ___________________________

**WCU Affiliation:**  
- Student Org._____  
- Faculty/Staff _____  
- Department_____  
- Community_____  

**Event Contact:** ___________________________  **920#:** ___________________________

**Phone:** ________________________  **Email:** _______________________________________

**Other Requests (circle all that apply – charges may apply):**

- Tables (Quantity ______)  
- Chairs (Q:______)  
- Sound System  
- Microphone  
- Dry Erase Board (Mtg Rms.)  
- DVD Player  
- Laptop  
- Projector

If you need sports equipment for your event, please fill out the request form at reccenter.wcu.edu, Presentations and Classes, Campus Recreation & Wellness Request Form.

**Does your group plan to have food or beverage at your activity?**  
- YES  
- NO  
If so, describe the type and amount of food and/or beverages that will be available at the event, as well as if your group has received approvals from Aramark (be very specific).

**Please provide a diagram or describe event set-up in detail on reverse** (when necessary).

________________________________________  
**Event Contact Signature**  

________________________________________  
**Organization President Signature**

________________________________________  
**Organization Advisor Signature**  

________________________________________  
**Greek Life Administrator Signature** (if applicable)

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**For Office Use Only**

**Reservation Fee:** ________  **Total Charge:** ________  **Planned Attendance:** ________  **Setup Staff Need:** ________

**Custodial Staff Need:** ________  **Event Staff Needed:** ________