Western Carolina University
Campus Recreation & Wellness
Facility Reservation Request Form

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. Also, CRW does not oversee Reid Gym. For Reid reservations, please visit the Reid main office across from the bowling alley. Reservations can only be made by Registered Student Organizations or Campus Departments, and RSO's are only permitted 4 reservation dates at one time. Finally, reservations must work around busy times for open recreation or already existing events.

Activity Description: _____ **RSO/Department Affiliation:** _____

Event Contact : _____ **920#:** _____

Phone: _____ **Email:** _____

Day & Date of Activity: _____ **Attendance Expected:** _____

Time of Activity: _____AM/PM to _____ AM/PM

Setup time: _____ AM/PM   **Tear down time:** _____AM/PM to _____ AM/PM

Desired Location (Circle one):   Reid Pool   Norton Fields   Camp Lab Fields   Disc Golf Course

CRC Court 1   CRC Court 2   CRC Conference Rm (108)   CRC Meeting Rm (110)

CRC Studio 1   CRC Studio 2

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

Table (CRC Requests Only) (Quantity _____)   Chairs (CRC Requests Only) (Q:_____)

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 (Required)   **Organization President Signature** (Required for RSO's)

_____   _____
Organization Advisor Signature (Required for RSO's)   **Greek Life Administrator Signature** (if applicable)

For Office Use Only
Reservation Fee: _____   Total Charge: _____ Planned Attendance: _____ Setup Staff Need: _____

Custodial Staff Need: _____ Event Staff Needed: ____