



CLUB SPORT HOME EVENT REQUEST

All requests must be submitted to Club Sport Coordinator's office **FOURTEEN (14) BUSINESS DAYS** prior to Date of Event. A meeting with Coordinator will take place upon submitting request. Space will be allocated as available. Late request may not be accommodated.

Club _____ **Submission Date** _____
Date of Event _____ **Set-up Time** ____:____ am/pm **End Time** ____:____ am/pm
Event Type: Competition / Clinic / Fundraiser / Other _____
Event Location: _____ **Approx. Spectators #:** _____
Opponent Name _____ **Phone #** _____ **Email** _____

Facilities requested

Shellenberger Field _____ **Lights (yes)**_____ **(no)**_____ **Scoreboard (yes)**_____ **(no)**_____

Backstop Nets Needed (yes)_____ **(no)**_____

Practice Field (Upper) _____ **(Lower)** _____
Wake Fieldhouse _____ **Tennis Courts** _____ **Turner Gym** _____ **Other** _____

Equipment requested

#of Water Coolers _____ **#of Chest Coolers** _____ **#of Tables** _____ **#of Chairs** _____

List of Club Contacts for this Event: (two persons minimum)

Name	Phone Number	Email

Comments:

All club members must have signed waiver on file prior to participation in any club activity.