



ATHLETIC FACILITIES REQUEST

PLEASE RETURN THIS FORM 30 DAYS PRIOR TO THE EVENT. ACCEPTANCE OF THIS REQUEST DOES NOT CONSTITUTE APPROVAL.

Sponsoring Group/Organization <sup>1</sup> \_\_\_\_\_

Facility Requested <sup>2</sup> \_\_\_\_\_

Alternate Facility <sup>3</sup> \_\_\_\_\_

Date(s) Requested <sup>4</sup> \_\_\_\_\_

Time Period Needed <sup>5</sup> \_\_\_\_\_

Participants Are: University Students \_\_\_\_\_

University Administration \_\_\_\_\_

<sup>6</sup> Faculty \_\_\_\_\_

Alumni \_\_\_\_\_

Non-University Group \_\_\_\_\_

Description of Event <sup>7</sup> \_\_\_\_\_

Arrangement Needs <sup>8</sup> \_\_\_\_\_

Food Will Be Served <sup>9</sup> \_\_\_\_\_ Yes \_\_\_\_\_ No Admission Will Be Charged <sup>10</sup> \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Security Is Needed <sup>11</sup> \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments <sup>12</sup> \_\_\_\_\_

Submitted By <sup>13</sup> \_\_\_\_\_

Date Submitted <sup>14</sup> \_\_\_\_\_

Campus Address <sup>15</sup> \_\_\_\_\_

Campus Phone Number <sup>16</sup> \_\_\_\_\_

Home Address <sup>17</sup> \_\_\_\_\_

Home Phone Number <sup>18</sup> \_\_\_\_\_

FAIS Account Number <sup>19</sup> \_\_\_\_\_

Non-University Billing Address <sup>20</sup> \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Cost Estimate <sup>21</sup> \_\_\_\_\_ (If Applicable)

REQUEST APPROVED <sup>22</sup> \_\_\_\_\_ REQUEST NOT APPROVED \_\_\_\_\_ DATE <sup>23</sup> \_\_\_\_\_

SIGNATURE <sup>24</sup> \_\_\_\_\_  
Facilities Coordinator

RETURN FORM TO: NORM LAW, FACILITIES COORDINATOR  
UNIVERSITY OF PITTSBURGH  
ROOM M-15 FIELDHOUSE  
PITTSBURGH, PA 15213