



Tel. (818) 677-3644 Fax (818) 677-4172
 Hours: 8 a.m. – 5 p.m., Mon. – Fri.
www.csun.edu/usu/reservations

SRC Reservation Request Form

RED fields **must be filled out**
BLUE fields are optional

PLEASE READ POLICIES AND INFORMATION ON BACK

Group Type Recognized Student Club/Org A.S. Sport Club CSUN Department Other USU

Organization Name _____ E-mail Address _____

Event Coordinator _____ Day Phone Number _____ Cell Phone Number _____ Fax Number _____

Organization Mailing Address _____

Event Title _____ **Event Date(s)** _____ PLEASE USE BACK FOR MULTIPLE DATES

Describe event purpose _____

What activities will take place? _____

Will inherently dangerous activities be involved? Yes No If yes, list activities _____

Do you intend to bring rental/personal equipment? Yes No If yes, list items _____

Will an admission charge or donations be collected at this event? Yes No If yes, what is the charge? _____

Is this event open to the public? Yes No If yes, how will it be marketed? _____

Event Type Sport Club Practice Intramurals Recreational Event Group Exercise Aquatics

Other _____

Main Room

Access Time _____ Room Preference _____

Start Time _____ Second Choice _____

End Time _____ Expected Attendance _____

End Access _____

Setup Preference

As is[†] Badminton Basketball

Boxing[‡] Empty Lap Swimming

Pilates Chair[‡] Pilates Reformer[‡] Soccer

Spinning[‡] Step 360[‡] TRX[‡]

Water Polo Volleyball

Other (please specify) _____

Equipment

Qty. ____ 30"x6' Rectangular Table Qty. ____ 18"x5' Rectangular Table

Qty. ____ Folding Chair Qty. ____ Portable PA System

Qty. ____ 32 Gallon Trash Can Qty. ____ Indoor Volleyball Net

Qty. ____ Indoor Badminton Nets Qty. ____ Water Polo Goal

Qty. ____ Table Tennis Table Qty. ____ Portable Screen

Qty. ____ Wood Floor Covering* Qty. ____ Pool Volleyball Net

Qty. ____ Other (please specify) _____

Additional Room(s)

Access Time _____ Number of rooms needed _____

Start Time _____ Expected Attendance _____

End Time _____

End Access _____ **PLEASE USE BACK FOR VARIED HOURS**

Setup Preference

As is[†] Badminton Basketball

Boxing[‡] Empty Lap Swimming

Pilates Chair[‡] Pilates Reformer[‡] Soccer

Spinning[‡] Step 360[‡] TRX[‡]

Water Polo Volleyball

Other (please specify) _____

Equipment

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Qty. ____ Folding Chair Qty. ____ Portable PA System

Qty. ____ 32 Gallon Trash Can Qty. ____ Indoor Volleyball Net

Qty. ____ Indoor Badminton Nets Qty. ____ Water Polo Goal

Qty. ____ Table Tennis Table Qty. ____ Portable Screen

Qty. ____ Wood Floor Covering* Qty. ____ Pool Volleyball Net

Qty. ____ Other (please specify) _____

[†]Room setup will be maintained standard. If you want equipment removed, setup fee will apply. [‡]Requires the addition of an SRC group exercise instructor for the duration of the reservation. *Red Ring Courts **only**.
 I understand that I must be a registered member of the organization and that this is not a reservation agreement. This is only a request and does not entitle usage of any rooms at the University Student Union, Inc. facilities.

Coordinator Signature _____ Date _____

Office Use Only	Received: _____	Accepted By: _____
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