SIUE Campus Recreation
Reference Document for Campus Recreation Facility Scheduling

	Date	**Initials**	
Tentative	_____	_____	University Account #_____
Confirmed	_____	_____	Confirmation # _____
Canceled	_____	_____	**For Office Use Only**_____
Diagram Rec'd	_____	_____	_____

(Form Revised 03/28/19)

Events must be requested a minimum of 10 days prior to the event. Requests which require security, building service workers or maintenance must be submitted, approved and confirmed 28 days prior to the event. Some events may need additional meetings prior to event confirmation. Please attach a diagram of the requested set up with your request if possible.

Please print clearly and complete those sections on both the front and back pages of this application that apply to your event. (An event cost analysis worksheet may be required for events that involve costs/charges)

Event Title_____Event Date ___/___/_____

Sponsoring Organization/Group_____

Fundraising ____ Yes ____ No What on/off campus organization(s) will receive some or all of the proceeds?

_____

Will there be a cost to get into the event? ____Yes _____No

Event Setup Time____ AM/PM Event Start Time _____AM/PM

Event End Time_____ AM/PM Break Down Time _____AM/PM

Estimated SIUE student attendance_____ Estimated Non-SIUE student attendance _____

Main Contact for this event and all correspondence from Campus Recreation related to this event.

Name_____ Email _____ Phone _____

Secondary Contact for this event and all correspondence from Campus Recreation related to this event.

Name_____ Email _____ Phone _____

Briefly describe the event _____

_____

_____

Space preference – indicate how many when applicable (Facility schedulers will make final decisions):

_____*SFC Activity Center Full Gym (2 Courts)

_____ *SFC Activity Center Single Court

_____*SFC Activity Center Catering Kitchen

_____*Group Fitness B

_____VC Group Activity Room 1

_____VC Group Activity Room 2

_____*Climbing Gym (max of 15 people)

_____*VC Racquetball Courts

_____*VC Indoor Pool

_____Rec Plex Pavilion

_____Rec Plex Softball Field

_____Rec Plex Football/Soccer Field

Other – (Please specify)

_____

*These spaces require a valid SIUE ID or SFC membership for each participant to access under typical conditions

Equipment/Setup Needs (event sponsor required to inquire, reserve & arrange applicable payments, etc.)

_____ Ice Chest #_____ (max of 2, if available)

_____ Ice

_____ Basketballs #_____(max of 2 per court, if avail)

_____Volleyballs # ____ (max of 1 per court, if avail)

_____ Soccer Ball # (1, if available)

_____ Football/Football Flags (if available)

_____ Dodgeballs (bag of 6 if available)

_____ Badminton Racq.#____(max of 2 per court, if avail.)

_____Racquetball Racq.#___(max of 3 per court, if avail.)

_____Wireless Scoreboard Controls (1 per court)

_____ Wireless Mic (1) _____Folding Chairs #_____ (max of 120, if available)
_____Tables (max of 20, if available)

Is set-up required? ___Yes ___No. Provide number of tables, chairs, trash cans, baskets, nets, lifeguards, etc. needed and a brief description of the layout._____
_____

Will food be served? ___Yes ___No If so, what format? _____ Bring your own _____SIUE Dining Services
____Outside Vendor_____ Provide packaged items on-site _____ Prepare your own on site
Describe any special grounds, facilities or room alterations if needed _____
_____
_____.
Do you anticipate guests with special needs or physical challenges? ___Yes ___ No If Yes, explain_____
_____
_____
Utilities? ____Yes ____No ____Electrical outlets ____Extension Cord(s)____Sound System _____Lighting _____
Equipment delivery? ___Yes___ No Date___/___/____ Time____ am/pm
Drop Off Location _____
Equipment pickup? ____Yes____ No Date___/___/_____Time____ am/pm
Pick Up Location _____
Name of delivery person/company(s) _____
Phone Number_____
*Security ___Yes____No Number of officers_____ Paraprofessionals_____Volunteers_____

***Security may be required for evening programs, dances & events where large numbers of people are expected or any event that includes non-SIUE student participants. Kimmel Leadership Center or Campus Recreation Personnel, in consultation with the SIUE Police, will make final decisions.**

Parking: The SFC/VC parking lot requires an SIUE Brown Lot Hang Tag or metered parking. Other SIUE hang tags are permitted after 3pm. Any special requests must be directed to Parking Services at extension 3680.

Signatures of an Officer of the requesting organization, the Faculty Advisor and the Fiscal Officer of the organization must be provided below before submission of this application. Omission of any required signature will result in the application being considered incomplete and as such will not be considered for scheduling.

Please read before signing. The information submitted in this application is correct to my knowledge. I understand that Campus Recreation is not obligated to provide space or the specific location requested and will schedule the facility location that best serves the needs for this event based on the information provided here and the availability of space within the facilities in their care. I also understand that any costs incurred by this event, whether determined prior to or during the event, are the sole responsibility of our organization, its membership and representatives, as are the repair or replacement costs for any damages to persons or property associated with this event.

_____	_____	_____/_____/_____
Signature of Organization Officer	Print Your Name	Date
_____	_____	_____/_____/_____
Signature of Faculty Advisor	Print Your Name	Date
_____	_____	_____/_____/_____
Signature of Fiscal Officer	Print Your Name	Date
_____	_____	_____/_____/_____
Verification of Organization Status/Funds	Signature of CREC Staff	Date

SIUE Campus Recreation Costs for Student Organizations & University Groups Worksheet

(optional – use as needed/helpful)

Important Notice: All direct costs will be assessed per hour or any part of any hour, for any facility open other than normal operating hours. If it is determined departmental personnel are needed to supervise an event there may be a fee of $12.50/hr., or part of any hour, per person assigned to work the event as well.

Work with Campus Recreation Event/Reservation Staff to determine any applicable facility rental charges.

Hourly Rates for Personnel – Any part of an hour will be billed as the full hour

Campus Recreation

1.	Lifeguard	$12.50/hr.
2.	Facility Supervisor	$12.50/hr.
3.	Event/Activity Supervisor	$12.50/hr.
4.	Student Worker	$12.50/hr.
5.	Sports Official	$12.50/hr.
6.	Group Fitness Instructor	Varies: $12.50-$27/hr

University Facilities Management (Inquire with FM for current rates)

1.	Building Service Worker(s)	Yes ____	No ____	Time _____ Cost _____
	Student Custodian(s)	Yes ____	No ____	Time _____ Cost _____
2.	Operating Engineer(s)	Yes ____	No ____	Time _____ Cost _____
3.	Grounds Worker(s)	Yes ____	No ____	Time _____ Cost _____
4.	Electrical Technician(s)	Yes ____	No ____	Time _____ Cost _____

Outside of Normal Operating Hours

Operating any facilities outside of normal operating hours are those that are occur before/after a facility's normal operating hours. These require that all direct charges during these times must will be applied.

Set-Up & Clean-up Fees

1.	Tables and Chairs (1 to 2 tables & up to 4 chairs)	No Charge
2.	Tables and Chairs (more than 2 tables & 4 chairs)	Charges May Apply
3.	Typical Sport Equipment Set-up (during regular hours)	No Charge
4.	Atypical Sport Equipment Set-up or outside normal hours	Charges May Apply
5.	Facility areas that are not cleaned up appropriately after an event	Charges Apply

SIUE Campus Recreation - Event Cost Worksheet

(optional – use as needed/helpful)

Use the rental fees, service fees and hourly wage rates to calculate the estimated cost of your event using this Worksheet. Sufficient funds to cover all anticipated costs must be available in your account prior to the event.

Cost of Venue

Location_____ cost/hr./day_____ x _____hrs./days=_____
Location_____ cost/hr./day_____ x _____hrs./days=_____
Location_____ cost/hr./day_____ x _____hrs./days=_____
Location_____ cost/hr./day_____ x _____hrs./days=_____

Cost of Staffing

Staff Title_____x number of staff = _____ x cost/hr. _____ x____hrs. =_____
Staff Title_____x number of staff = _____ x cost/hr. _____ x____hrs. =_____
Staff Title_____x number of staff = _____ x cost/hr. _____ x____hrs. =_____
Staff Title_____x number of staff = _____ x cost/hr. _____ x____hrs. =_____
Staff Title_____x number of staff = _____ x cost/hr. _____ x____hrs. =_____
Staff Title_____x number of staff = _____ x cost/hr. _____ x____hrs. =_____

Set-up Fees _____
Clean-up Fees _____
Security _____
Personnel _____
Food _____
Equipment Rental _____
Miscellaneous _____

_____ _____

Total Expenses _____

Potential Event Revenue Sources

Ticket Sales _____
Admission Charge _____
Entry Fees _____
_____ _____

_____ _____

Total Revenue _____