

**Southern Illinois University Edwardsville
Campus Recreation Facility Scheduling Request Form for
Student Organizations and University Groups**

Date

Initials

Revised 12/19/07

*Tentative _____ University Account # _____
 Confirmed _____ Confirmation # _____
 Canceled _____ **For Office Use Only** _____
 Diagram _____

* Registrant has 5 working days from the tentative date to return this form to the Student Fitness Center Reception Desk or the tentative registration will be canceled. Events must be confirmed 5 days prior to the event. Requests which require security or maintenance must be confirmed 21 days prior to the event. Please attach a diagram of the requested set up with your request if possible.

Please type or 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 will also be required for events where any costs will be incurred.)

Event Title _____ Event Date ____/____/____

Sponsoring Organization/Group _____

Start time ____ am/pm End time ____ am/pm Set up time ____ am/pm Break down time ____ am/pm

Estimated SIUE student attendance _____ Non-SIUE student attendance _____

Name, campus box, phone number & email address of two lead contacts for this event:

1) _____ Campus Box _____ ph. # ____ - ____ - ____ email _____

2) _____ Campus Box _____ ph. # ____ - ____ - ____ email _____

Briefly describe the event _____

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

- | | |
|---|----------------------------------|
| ____ Basketball/Volleyball/badminton court(s) | ____ Dance Studio |
| ____ Hockey/Tennis/soccer court | ____ Aerobics Room |
| ____ Gymnastics Room | ____ Group Activity Room |
| ____ Climbing Gym | ____ VC Gym(1 or 2 courts) |
| ____ SFC Gym(1 or 2 courts) | ____ VC Gym(all courts) |
| ____ SFC Gym(all courts) | ____ Classroom(s) |
| ____ VC Pool | ____ Cougar Lake Pool |
| ____ Cougar Lake Pavilion | ____ Cougar Lake Marina |
| ____ Cougar Lake Low Ropes Course | ____ Rec Plex Softball Field |
| ____ Rec Plex Football/Soccer Field | ____ Other. Please specify _____ |

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

____ Balls # ____ type _____ Flip score displays # _____
 ____ Racquets # ____ type _____ Ice Chest # _____
 ____ Tables # ____ Chairs _____ Whistles # _____
 ____ Ice ____ Grill Other. Specify _____

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 Food Service
___ Outside Vendor ___ VC Concessions ___ Cougar Lake Concessions ___ Rec Plex Concessions

Describe any special grounds, facility, 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 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 the final determination.

Parking : The VC/SFC parking lot requires an SIUE Red Lot Hang Tag or metered parking. Any special requests must be directed to Parking Services at extension 3680.

Signatures of an Officer of the requesting organization, the Assistant Director of the Kimmel Leadership Center (or their representative), the Faculty Advisor and the Fiscal Officer (if funding is necessary) of the organization must be provided below before submission of this application to the Office of Campus Recreation. Omission of any required signature will result in the application being considered incomplete and as such will not be considered for scheduling. If the Faculty Advisor and Fiscal Officer is one individual, one signature will suffice for both positions.

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 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

Official Title

____/____/____
Date

Signature of Faculty Advisor

Position at SIUE

____/____/____
Date

Signature of Fiscal Officer

Position at SIUE

____/____/____
Date

Signature of Kimmel Personnel

Position at Kimmel

____/____/____
Date

**Southern Illinois University Edwardsville
Office of Campus Recreation
Facility Rental Rates for
Student Organizations and University Groups**

Please use the following rates in determining the cost of your event.

Important Notice: There will be a \$10/hr., or part of any hour, assessed for any facility open other than normal operating hours. If it is determined departmental personnel are needed to supervise an event there will be a fee of \$10/hr., or part of any hour, per person assigned to work the event.

Facility Use Charges

Vadalabene Center - Direct Cost of the Event for Student Organizations & University Groups in the following areas:

Entire Vadalabene Center	Dance Studio
*VC Gymnasium (3 Courts)	Group Activities Room
*VC Individual Courts	**VC Swimming Pool
Gymnastics Room	Combative Room
Racquetball Courts (4)	Classrooms (5)
VC Conference Room	

*usually not available when classes are in session during the hours of 2 - 8pm due to athletic practices.

**usually available M-TH 8:30-11:15 am, 1:45-4:15 pm, 9:45-10:30 pm; Sat. 9-11:15 am; Sat./Sun. 3:15pm -5:45 pm

Vadalabene Center - Rock Climbing Gym - \$40/2 hr./12 participants; \$55/hr./13-18 participant maximum.

Student Fitness Center – Direct Cost of the Event for Student Organizations

*SFC Gymnasium (4 Courts)
*SFC Individual Courts
*SFC Aerobics Room

*not available when classes are in session during the hours of 3-11 pm due to intramural activities & drop-in rec.
Valid SIUE ID for each participant required for access during all events regular hours of operation

Student Fitness Center – University Groups

*SFC Gymnasium (4 Courts) - Direct Cost plus \$100/hr. or \$1200/day over 12 hrs.
*SFC Individual Courts – Direct Cost plus \$50/hr. or part thereof.
*SFC Aerobics Room – Direct Cost plus \$50/hr. or \$100/day

*not available when classes are in session during the hours of 3:30-10 pm due to intramural activities & drop-in rec.

Cougar Lake Recreation Area – Student Organizations & University Groups

Pavilion – Student Organization, No Charge, SIUE Sponsored groups \$25 per day
Cougar Lake Pool & Rec Area - \$40/hr./part hr. for 1-25 persons + \$10/hr./part hr. for every added 1-25.
Cougar Lake Marina - \$40/hr./part hr. does not include sailboat rentals
Sailboat Rental - \$2.50 1st/hr./part hr.; \$1.00 each additional hr./part hr.

<u>Rec Plex - Fields</u>	<u>Student Organizations</u>	<u>University Groups</u>
Football Field (Line painting, if needed)	No Charge \$50/field	\$25 per day (*no charge if non-revenue) \$60/field
Soccer Field (Line painting, if needed)	No Charge \$50/field	\$25 per day (*no charge if non-revenue) \$60/field
Softball Field (Line painting, if needed)	No Charge \$20/field	\$25 per day (*no charge if non-revenue) \$30/field
Pavilion	No Charge	\$25 per day
Field Lighting	No Charge	\$5 per hr.

**Southern Illinois University Edwardsville
 Department of Campus Recreation
 Event Cost Analysis Worksheet for
 Student Organizations & University Groups**

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

Campus Recreation

1.	Lifeguard	\$10.00/hr.
2.	Building Supervisor	\$10.00/hr.
3.	Event Supervisor	\$10.00/hr.
4.	Student Worker	\$ 8.00/hr.
5.	Sports Official	\$ 8.00/hr.

University Facilities Management

1.	Building Service Worker	
	State Account	\$13.00/hr.
	Non-State Account	\$19.00/hr.
2.	Student Custodian	
	State Account	\$ 8.00/hr.
	Non-State Account	\$ 10.00/hr.
3.	Operating Engineer	
	State Account	\$ 28.00/hr.
	Non-State Account	\$ 42.00/hr.
4.	Grounds Worker	
	State Account	\$ 20.00/hr.
	Non-State Account	\$ 30.00/hr.
5.	Electrical Technician	
	State Account	\$ 31.00/hr.
	Non-State Account	\$ 46.00/hr.

Hourly Fees

1.	Operating Facilities outside of normal operating hours.	\$10.00/hr.
2.	Operating Concessions outside of normal operating hours.	Arranged case by case

Hourly rates apply to any full hour or portion thereof.

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)	\$26.00 minimum
3.	Typical Sport Equipment Set-up (during regular hours)	No Charge
4.	Typical Sport Equipment Set-up (outside normal hours)	\$20.00 minimum

Use the rental fee, service fee and hourly wage rates provided on this page and the previous page to calculate the estimated cost of you event using the worksheet on the next page. Sufficient funds to cover all anticipated costs must be available in your state or local University account prior to the event.

Event Cost Worksheet

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 Staff

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 (Cost will be provided by VC/SFC staff) _____

Clean-up Fees (Cost will be provided by VC/SFC staff) _____

Security (Cost will be provided by VC/SFC staff) _____

Food _____

Equipment Rental _____

Miscellaneous _____

Total Expenses _____