

# **SIUE Campus Recreation**

## **Reference Document for Campus Recreation Facility Scheduling**

### Office Use Only

Tentative	DATE	INITIALS	Confirmation # _____
Confirmed	DATE	INITIALS	
Canceled	DATE	INITIALS	
Diagram Rec'd	DATE	INITIALS	

**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 \_\_\_\_\_ EventDate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sponsoring Organization/Group \_\_\_\_\_ University Account # \_\_\_\_\_  
 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)	_____*VC Racquetball Courts
_____*SFC Activity Center Single Court	_____*VC Indoor Pool
_____*SFC Activity Center Catering Kitchen	_____*Rec Plex Pavilion
_____*Group Fitness B	_____*Rec Plex Softball Field
_____*VC Group Activity Room 1	_____*Rec Plex Football/Soccer Field
_____*VC Group Activity Room 2	Other – (Please specify) _____
_____*Climbing Gym (max of 15 people)	

\*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)	_____*Soccer Ball # (1, if available)
_____*Ice	_____*Football/Football Flags (if available)
_____*Basketballs # _____ (max of 2 per court, if avail)	_____*Dodgeballs (bag of 6 if available)
_____*Volleyballs # _____ (max of 1 per court, if avail)	_____*Badminton Racq.# _____ (max of 2 per court, if avail.)

\_\_\_\_\_ Racquetball Racq.# \_\_\_\_\_ (max of 3 per court, if avail.) \_\_\_\_\_ Tables (max of 20, if available)  
\_\_\_\_\_ Wireless Scoreboard Controls (1 per court) \_\_\_\_\_ Folding Chairs # \_\_\_\_\_ (max of 120, if available)  
\_\_\_\_\_ Wireless Mic (1)

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 or Staff Advisor

\_\_\_\_\_  
Print Your Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Officer

\_\_\_\_\_  
Print Your Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

### Office Use Only

\_\_\_\_\_  
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 _____ |
| 2. | Student Custodian(s)       | Yes ____ No ____ | Time _____ | Cost _____ |
| 3. | Operating Engineer(s)      | Yes ____ No ____ | Time _____ | Cost _____ |
| 4. | Grounds Worker(s)          | Yes ____ No ____ | Time _____ | Cost _____ |
| 5. | Electrical Technician(s)   | Yes ____ No ____ | Time _____ | Cost _____ |

## **Outside of Normal Operating Hours**

Operating any facilities outside of normal operating hours are those that 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** \_\_\_\_\_