SIUE Campus Recreation  
Reference Document for Campus Recreation Facility Scheduling

**Office Use Only**

<table>
<thead>
<tr>
<th>Tentative</th>
<th>Confirmed</th>
<th>Canceled</th>
<th>Diagram Rec'd</th>
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<tbody>
<tr>
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Events must be requested a minimum of 14 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 adhere to the Health & Safety guidelines that are in effect at the time of the event.**

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)**

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Event Title ___________________________________________ Event Date ___/___/_______

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 ____________________________________________________________

________________________________________________________

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**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 |
| SFC Court 4 | Other – (Please specify) |
| Climbing Gym (max of 15 people) | |

All 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.):**

<p>| Ice Chest # (max of 2, if available) | Soccer Ball # (1, if available) |
| Wiffle Ball/Bat (if available) | 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) | Cornhole Set # (max of 2, if avail.) |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Frisbee #</td>
<td></td>
<td>(1), if avail.</td>
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<tr>
<td>Tables (max of 20, if available)</td>
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<td></td>
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<tr>
<td>*Wireless Scoreboard Controls (1 court)</td>
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<td></td>
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<tr>
<td>Folding Chairs # (max of 120, if avail.)</td>
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<td></td>
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<tr>
<td>Wireless Mic (1)</td>
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<tr>
<td>Scoreboard Flip Chart # (max of 2, if avail.)</td>
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<tr>
<td>Futsal Ball (1)</td>
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*Must pay for a Staff Official

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
- Prepare your own on site

- SIUE Dining Services Outside Provide
- Packaged items 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 618-650-3680.

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

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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 $17.50/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 $17.50/hr.
2. Facility Supervisor $17.50/hr.
3. Event/Activity Supervisor $17.50/hr.
4. Student Worker $17.50/hr.
5. Sports Official $17.50/hr.
6. Group Fitness Instructor Varies: $17.50-$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 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
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

<table>
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<tr>
<th>Location</th>
<th>cost/hr./day</th>
<th>x</th>
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### Cost of Staffing

<table>
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<tr>
<th>Staff Title</th>
<th>x</th>
<th>number of staff =</th>
<th>x</th>
<th>cost/hr.</th>
<th>x</th>
<th>hrs. =</th>
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<tbody>
<tr>
<td>Staff Title</td>
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Set-up Fees
Clean-up Fees
Security
Personnel
Food
Equipment Rental
Miscellaneous

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**Total Expenses**

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### Potential Event Revenue Sources

<table>
<thead>
<tr>
<th>Ticket Sales</th>
<th>Admission Charge</th>
<th>Entry Fees</th>
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**Total Revenue**

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