

Old Dominion University  
Recreational Sports Department

**SPORTS CLUB FACILITY REQUEST FORM**

Club: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

Address: \_\_\_\_\_

Semester \_\_\_\_\_ Year: \_\_\_\_\_

Please indicate your choice of facilities, days and times for the semester. Be as specific as possible. Note: Most facilities are not available until late afternoon.

1<sup>st</sup> Choice

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

2<sup>nd</sup> Choice

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

3<sup>rd</sup> Choice

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Facility \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Office Use Only:    Approved \_\_\_\_\_    Denied \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_