

DIVISION OF STUDENT AFFAIRS
Department of Campus Recreation

REQUESTING INDIVIDUAL	Name: _____	Date of Request: _____
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ID: _____ **Phone:** _____ **Address:** _____

Email: _____

Classification: Student Faculty Staff Public Guest (include sponsor information below) Other _____
 Group _____ Name of Sponsor: _____ ID: _____

TYPE OF PHOTOGRAPHY	<input type="checkbox"/> Still	<input type="checkbox"/> Video
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Please describe in detail what the photographs/videos will be used for:

Personal Academic Marketing Recruiting Other

Equipment needs and/or equipment you would be bringing into facility: _____

LOCATION				
<input type="checkbox"/> Rotunda	<input type="checkbox"/> MAC	<input type="checkbox"/> Natatorium	<input type="checkbox"/> Fitness Zone	<input type="checkbox"/> CRWC Fields & Track
<input type="checkbox"/> Rec Meeting Rm	<input type="checkbox"/> Center Court # _____	<input type="checkbox"/> Leisure Pool	<input type="checkbox"/> Jogging Track	<input type="checkbox"/> IM Fields
<input type="checkbox"/> Climbing Area	<input type="checkbox"/> Main Court # _____	<input type="checkbox"/> Sand Volleyball	<input type="checkbox"/> MP Room # _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Racquetball/Squash Court # _____		<input type="checkbox"/> Martial Arts Room	

PROGRAM AREA – Include Specific Activity in Space Provided		
<input type="checkbox"/> Aquatics _____	<input type="checkbox"/> Intramural Sports _____	<input type="checkbox"/> Child Care _____
<input type="checkbox"/> Outdoor Adventure _____	<input type="checkbox"/> Sports Clubs _____	<input type="checkbox"/> Open Recreation _____
<input type="checkbox"/> Fitness and Aerobics _____	<input type="checkbox"/> Rentals _____	<input type="checkbox"/> Other: _____

DATES OF PHOTOGRAPHY REQUESTED						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Date(s):	Date(s):	Date(s):	Date(s):	Date(s):	Date(s):	Date(s):
Start time:	Start time:	Start time:	Start time:	Start time:	Start time:	Start time:
End time:	End time:	End time:	End time:	End time:	End time:	End time:

REQUESTOR SIGNATURE: _____	DATE: _____
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----- OFFICE USE ONLY -----

APPROVAL	Approved by: _____	Date of Approval: _____
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List modifications or limitations of approval:

NOTIFIED	CR Facility and Operations Staff : _____	Date: _____
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