

UNIVERSITY OF CALIFORNIA, BERKELEY
UNIVERSITY VILLAGE RECREATION PROGRAMS
Facilities Use Request Form

INSTRUCTIONS:

Groups should have a copy of the reservation and other permits on hand during the event. Note: If it has rained two days prior to your reservation for a field, you must call 524-4926 for field use approval. Thank you for your cooperation.

GROUP and APPLICANT INFORMATION		
Name of Organization _____		Today's Date _____
Name of Applicant _____		
First Name _____		Last Name _____
Applicant's Address _____		
Street _____		City _____ ST _____ ZIP _____
Applicant's Telephone Number _____		
Applicant's Email Address _____		
Type of Activity Planned		Attendee Information
<input type="checkbox"/> Party / Celebration <input type="checkbox"/> Study Group <input type="checkbox"/> Meeting <input type="checkbox"/> Practice		<input type="checkbox"/> Adults (18 yrs – up) <input type="checkbox"/> Children (17 yrs – under)
<input type="checkbox"/> Other (please specify): _____		Approx. # of attendees: _____
U.C. Affiliation (if any) _____		
FACILITIES REQUEST		
Facility Requested (Check all that apply): <input type="checkbox"/> Café <input type="checkbox"/> Gymnasium (<i>Food and Drink Prohibited</i>) <input type="checkbox"/> Art Room <input type="checkbox"/> Fielding Field West <input type="checkbox"/> Fielding Field East <input type="checkbox"/> Baseball Fields <input type="checkbox"/> Other: _____	Facility Approval—Office Use Only <input type="checkbox"/> Café <input type="checkbox"/> Gymnasium <input type="checkbox"/> Art Room <input type="checkbox"/> Fielding Field West <input type="checkbox"/> Fielding Field East <input type="checkbox"/> Baseball Fields <input type="checkbox"/> Other: _____	Date(s) Requested: _____
		Start Time: _____
		AM or PM
		End Time: _____
		AM or PM
Special Arrangements _____		
---FOR OFFICE USE ONLY---		
Staff Approval By _____	Approval Date _____	/ /
Deposit Amount Due \$ _____	Deposit Due Date _____	/ /
Deposit Paid On _____	Check # _____	/ /
Balance Amount Due \$ _____	Balance Due Date _____	/ /
Balance Paid On _____	Check # _____	/ /
Other Charges (See Below) ITEM/DESCRIPTION OF CHARGES		AMOUNT CHARGED

Please make checks payable to U.C Regents. All Correspondence should be directed to the address listed below.

Payments MUST be received by due date, otherwise reservation will be cancelled.