ROSE STATE COLLEGE WELLNESS CENTER
OPEN ACTIVITY AREA RESERVATION REQUEST FORM

ALL RESERVATION REQUESTS CAN BE MADE FOR SAME DAY IF CHRIS LELAND IS HERE TO APPROVE THE REQUESTED RESERVATION TIME.

ACTIVITY BEING REQUESTED FOR OPEN ACTIVITY AREA: (PLEASE CHECK APPROPRIATE ACTIVITY)
1) VOLLEYBALL  ____  2) BASKETBALL ____  3) BADMINTON ____  4) TABLE TENNIS ____
5) OTHER _______________________________________________________________

(If ‘OTHER’ please explain the requested activity)

REQUESTED DATE AND TIME OF RESERVATION: (ONLY GOOD FOR CURRENT WEEK)
____________________________________________________________________________

IF THIS IS AN ONGOING RESERVATION PLEASE LIST THE DATES AND TIMES OF THE REQUESTED RESERVATION:
____________________________________________________________________________
____________________________________________________________________________

-------------------------GROUP RESERVATION REQUEST SECTION--------------------------

NAME OF STUDENT GROUP OR ORGANIZATION REQUESTING RESERVATION: _________________________________________________________

NAME OF STUDENT GROUP FACULTY SPONSOR: ___________________________________________________________________________

NAMES & ID #'S OF MEMBERS OF STUDENT GROUP INVOLVED IN ACTIVITY:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

*INDIVIDUALS AND GROUPS OF LESS THAN 4 MEMBERS WILL BE ASSIGNED TO EITHER THE NORTH OR SOUTH ½ OF THE GYM FLOOR.*

*GROUPS OF MORE THAN 5 WILL BE ASSIGNED TO THE ENTIRE COURT.*

-----------------------INDIVIDUAL RESERVATION REQUEST SECTION-----------------------

NAME OF INDIVIDUAL REQUESTING RESERVATION: _________________________________________________________________________

THIS INDIVIDUAL IS A:               1) STUDENT               2) FACULTY/STAFF               3) COMMUNITY MEMBER

RSC ID#:__________________________

ROSE STATE EMAIL ADDRESS:________________________________

PHONE NUMBER:____________________________________

REASON FOR REQUEST: ____________________________________________________________________________________________

____________________________________________________________________________________________________________

PLEASE NOTE: Only those individuals listed on this paper will be allowed to engage in the activity of the reservation. Pick-up games will not be allowed in any way.

All individuals listed on this form are allowed one reservation per day. The individuals named on this paper are responsible for any activity during the time of their reservation. Anyone trying to join the activity listed on this reservation form are to be denied access to join by the group representative that has reserved the area. If the individual(s) refuse to leave, the group representative must inform the Wellness Center Staff member on duty. The Wellness Center Staff member will then call campus police if the individual refuses to leave. Individuals or groups causing a disruption to the activities within the Wellness Center are subject to suspension of Wellness Center privileges according to the Rules and Regulation of the facility. These rules are clearly posted within the facility and are accessible anytime at the front desk located in the lobby. Any student(s) in violation of the rules and regulations are subject to Student Conduct enforcement.

This form is a REQUEST only. It is not approved until the Wellness Director signs the form.

WELLNESS DIRECTOR’S Approval:____________________________ DATE:________________________