RESURRECTION GYM
REQUEST FOR GYMNASIUM USE

Group Name: _____

Requestor's Name: _____ Date: _____

Address: _____

Telephone: _____ Cell phone: _____

Type of Event: _____

◯ Check if one time event: Date: _____ Time Start: _____ Finish: _____

◯ Check if multiple use event: Start Date: _____ End Date: _____

Enter Day(s) (if always same): _____

Enter Times (if always same): Start: _____ End: _____

Note: If days and/or times vary, list all dates & times on the back of this form.

Please check any equipment you intend to set up or reposition:

◯ Volleyball Nets ◯ Electronics ◯ Basketball

◯ Check if you need training or assistance with this equipment. (You will be contacted to arrange a mutually agreeable date for assistance.)

GYM SECURITY

- I have received and will abide by the requirements of the "Gym Rules and Responsibilities" document.
- I agree to return the gym and equipment to their original condition/location when I'm done using them.
- I will complete and sign the Gym Checklist after my event and leave it in the gym.
- I understand that three (3) reported infractions of these requirements within the usage period, or damage to the gym/equipment may result in revocation of gym use privileges.

Requestor Signature: _____ Date: _____

Authorizing Signature: _____ Date: _____

Business Mgr. Signature: _____ Date: _____