



*****ALL athletics facilities requests must go through Athletics Facilities, Operations & Events Department***
Steps 1, 2 & 3 are to be completed by individual requesting facility use.**

Step 1: General Requestor Information

Name of Requestor <i>(please print)</i> :		Date of Request:
Title/Position:		Contact Phone:
Contact Email:		
Official Name of Group/Organization:		
Group's Authorized Representative:		
Contact Phone:	Email:	
University staff member you initially contacted regarding this request Name <i>(please print)</i> :		Title/Position:

Do any individuals involved in the conduct, promotion or administration of this event meet any of the following provisions that define a representative of athletics interests? (Bylaw 13.02.14)

- Members of an agency or organization promoting the GSU intercollegiate athletics program? (e.g., PAC)
 Yes No
- Have made financial contributions to the athletics department or to an athletics booster organization associated with GSU?
 Yes No
- Have assisted or been requested (by the athletics department staff) to assist in the recruitment of prospects?
 Yes No
- Have assisted in providing benefits to enrolled student-athletes or their families? (e.g., employment arrangements)
 Yes No
- Have been involved otherwise in promoting GSU's athletics program?
 Yes No
- If you answered yes to any of the above provisions, please provide the names of those individuals that meet those provisions:

Step 2: Event Information

Title/Description of Event: _____

Facility or facilities requested: _____

Date(s) of requested use: *(include set-up & take down time)* _____

Date: _____ Time(s): _____ Date: _____ Time(s): _____

Date: _____ Time(s): _____ Date: _____ Time(s): _____

Will this event involve any members of the GSU athletics department staff? Yes No

If yes, who and what are their responsibilities? _____

Is the requesting group comprised of prospect aged participants? (grade 9-12) Yes No

If yes, please explain: _____



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Step 2: Event Information (continued from pg.

Is this a High-School, Prep-School or Two-Year College Practice/Competition? Yes No

Is the requesting group part of a state, regional or national training program or competition? Yes No

Will an entry fee be charged for participants? Yes No If yes, amount? \$

What, if any, advertisements will be used for this event? (e.g., sponsor signage, banners, etc.)

Step 3: Additional Equipment/Services Requested

- EMT's/Athletic Trainers Facility set-up/take down
- Custodial
- Parking needs/Attendants
- Ticketing
- Concessions
- Announcer/Music/Scoreboard
- GSU Equipment

Please provide a brief explanation of which additional equipment/services you require and quantity (if applicable):

*****By signing, I hereby knowingly understand that my request for use of GSU facilities is contingent upon approval by the appropriate authorities. I agree to abide by all GSU policies/procedures and understand that my failure to do so may result in my inability to use GSU facilities in the future.**

Signature of Requestor: _____ Date: _____

FOR OFFICE USE ONLY

Athletics Facilities, Operations & Events: APPROVED DENIED
Signature: _____ Date: _____

Office of Athletics Compliance: APPROVED DENIED
Signature: _____ Date: _____

Head Athletics Trainer (if applicable): APPROVED DENIED
Signature: _____ Date: _____

Scheduled Not Scheduled Confirmation/Denial Notice Sent Date: _____

Additional Notes:

