

Kettering University Connie and Jim John Recreation Center
APPLICATION FOR FACILITY RENTAL

Group Name: _____ Date Submitted: ____/____/____

Contact Person: _____

Address: _____

Phone w: (____) _____ h: (____) _____ fax (____) _____

E-mail Address: _____

Purpose of Activity: _____

Number of Participants: _____ Age of Participants (if under 21): _____

Date of Event: ____/____/____ Time of Event: _____ am/pm to _____ am/pm

Day of Event (circle one): Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Check the box to the left of each activity you would like to use.

Indoor Activities:

- Entire Recreation Center, to include the areas below
- Aerobics from _____ am/pm to _____ am/pm
- Basketball # of courts: _____ from _____ am/pm to _____ am/pm
- Fitness Room from _____ am/pm to _____ am/pm
- Pool # of lanes: _____ from _____ am/pm to _____ am/pm
- Racquetball # of courts: _____ from _____ am/pm to _____ am/pm
- Soccer (only one court available) from _____ am/pm to _____ am/pm
- Squash (only one court available) from _____ am/pm to _____ am/pm
- Tennis # of courts: _____ from _____ am/pm to _____ am/pm
- Track # of lanes: _____ from _____ am/pm to _____ am/pm
- Volleyball # of courts: _____ from _____ am/pm to _____ am/pm
- Wallyball # of courts: _____ from _____ am/pm to _____ am/pm
- Weight Room from _____ am/pm to _____ am/pm

Outdoor Activities:

- Flag Football # of fields: _____ from _____ am/pm to _____ am/pm
- Sand Volleyball # of courts: _____ from _____ am/pm to _____ am/pm
- Soccer # of fields: _____ from _____ am/pm to _____ am/pm
- Softball # of fields: _____ from _____ am/pm to _____ am/pm
- Tennis # of courts: _____ from _____ am/pm to _____ am/pm

Areas for Non-Athletic Activities:

- Student Lounge Purpose: _____
- Special Needs: _____

Application must be submitted at least one week in advance.

I agree to abide by the policies and procedures of Kettering University and the Connie and Jim John Recreation Center. I will be responsible for all damages or loss. It is understood that the person signing below will be responsible for any emergency medical care of any people of minority age who participate in the rental.

Signature: _____ Print Name: _____