



Scheduling Request Form
Department of Campus Recreation - Saint Louis University
 Simon Recreation Center * 3639 Laclede Ave * St. Louis, MO 63108-3315
 Phone: 314.977.3975 Fax: 314.977.3555

Contact Info

Primary	Secondary
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Event Overview

Date of the Event _____ Day of the Week: _____

Event Title _____

Department/Sponsor/Group: _____

Event Start Time: _____ Event End Time: _____

Will your group need access to area(s) prior to the event?: Yes No Time: _____

Estimated Attendance: _____

Admission Standards: Open to Public _____ University Only _____

Event Space Request

Simon Recreation Center - Upper Level

Cardiovascular Area	Yes	No	Conference Room	Yes	No
Weight Area	Yes	No	Multipurpose/Dance Room	Yes	No
Fitness Center	Yes	No	Running Track	Yes	No

Simon Recreation Center - Main Level

Basketball Courts (6 Total)	Yes	No	Quantity Requested:	_____
Volleyball Courts (6 Total)	Yes	No	Quantity Requested:	_____
Racquetball Courts (4 Total)	Yes	No	Quantity Requested:	_____
Badminton (Court 6)	Yes	No		
Squash Court	Yes	No		
Multipurpose/Classroom	Yes	No	Other:	Yes No
Indoor Pool	Yes	No	Area:	_____

Simon Recreation Center - Lower Level

Multipurpose Room 1	Yes	No	Bouldering Wall	Yes	No
Multipurpose Room 2	Yes	No			
Spinning Studio	Yes	No	Other:	Yes	No
Mind-Body Room	Yes	No	Area:	_____	

SLU Ruba Outdoor Pool Area

Outdoor Pool	Yes	No	BBQ Grill	Yes	No
Sand Volleyball Court	Yes	No	Location to be used:	_____	

Outdoor Fields

Laclede/Vandeventer	Yes	No	Tegeler	Yes	No
Laclede/Compton	Yes	No	Women's Softball Field	Yes	No

Medical Campus Recreational Complex

Medical Campus Field	Yes	No	Medical Campus Track	Yes	No
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(Over)

Event Preparations

Do you anticipate guests with special needs / physical challenges? Yes No

If yes, please describe (wheelchair ramp, etc): _____

Are advance deliveries anticipated? Yes No

If yes, please specify items, quantities and arrival dates. _____

Are there any equipment needs for the event? Yes No

Tables- # _____ Chairs - # _____ Scoreboards - # _____ PA System _____

If Food/Linen Service is needed, please contact Aramark at 977-1559.

If parking facilities are needed for the event, please contact Parking and Card Services at 977-2957.

If Public Safety is needed for the event please contact the Department of Public Safety at 977-3000.

Groups using the SRC grill are encouraged to contact St. Louis City Health Department to determine if a food permit is required, you may reach them at 314-612-5400.

Simon Recreation Center is an alcohol free / smoke free building.

Any special requirements not listed above: _____

Facility Request Policies

1. Reservations must be made by a responsible representative of the Group requesting these facilities. The Department of Campus Recreation reserves the right to refuse any reservation request.
2. By submitting this form you and your group agree to abide by all of the terms and conditions of this Agreement. Failure to abide by this agreement will forfeit any fees, will hold the contact person legally responsible and might jeopardize future use of Campus Recreation facilities.
3. Receipt of request DOES NOT equal confirmation. Your event is not confirmed until Campus Recreation receives completed form and NOTIFIES you of approval. Requests are required at least ten (10) business days prior to event.
4. A non-refundable deposit is required of all space requests. Deposit will be no less than \$15 per request. (For larger events deposit will be determined at contract negotiations with Director or Department representative.) Payment methods for deposit are checks (payable to Saint Louis University), IDO (University Departments), cash or all major credit cards.
5. SLU student organizations must complete the program planning form available through SLU Groups (groups.sluconnection.com) and provide a copy of the approval certificate along with this request.
6. Events may not be publicized until confirmed by Campus Recreation.
7. Requestor will receive confirmation of request via email or US Postal Service (contracts).
8. Certificate of insurance naming Saint Louis University as additionally insured in the sum of \$1,000,000 per occurrence and \$3,000,000 aggregate is required of all external groups.
9. Users must abide by all fire, safety, traffic, parking and public safety requirements of Saint Louis University. Smoking is not permitted in any University facility.
10. Requestor must contact Parking and Card Services (977-2957) regarding any parking fees and Public Safety (977-3000) regarding any security staffing for event.
11. Campus Recreation reserves the right to cancel the reservation if it conflicts in any way with the general policy of the University regarding special events. Campus Recreation reserves the right to change reservations to other spaces with the understanding that, if possible, comparable facilities will be provided when the change is necessary.
12. Saint Louis University and the Department of Campus Recreation will be held free of all responsibility and liability, financial or otherwise involved in the rental of this facility. The Department of Campus Recreation is in no way responsible for any damage to, or loss of, equipment, etc. used by your group.

By signing this reservation request form I understand and will ensure all University policies/procedures will be followed.

Requestor's Signature

Date

Please Return Form to Campus Recreation Admin Office - Upper Level Simon Recreation Center

Office Use:

Request Status: Approved Disapproved

Date: _____

By: _____

Title: _____

Notes: