## Facility Usage Request Form



Organization Name:	Work Phone:		Fax:
Requester Name:	E-Mail:		Phone:
Day of Event Contact:		Phone:	
Date(s):	Gate/Doors Open:	Start Time	e: End Time:
Name of Function:	Estimated Attendance:		
*Preferred Meeting Setup: □ Classroom style □ Conference (Hollow Square) □ U-Shape  *Please note user is responsible for setup, maintaining and resetting room.  □ Submitted certificate of insurance naming Special Olympics Alaska as additionally insured.  □ Reviewed Special Olympics Alaska Sports, Health and Wellness Center Policy.			
PLEASE CHECK THE CAMPUS LOCATIONS AND SERVICES YOU ARE REQUESTING:			
*Hourly prices shown above w 8:30am-5:00pm).	per hour* m 0 per hour* r hour, must be trained* d with Gym - please call	□ W □ Pr □ Si □ Or □ □	rojector/Screen martboard ther (Please explain): side of normal business hours (M-F,
Please call us at 907-222-7625 ext. 611 to confirm your event at least 24 hours prior to your scheduled start:  User signature: Date:			
osei signature.		Date	
To Be Completed by Special Olympics Alaska:			
Approval signature:		Date:	
Entrance Use:			
□ East (Gym, Upper Training Room) □ Admin (Lower Training Room) □ Main (Used for public events only)			