Non-Profit Organization Facility Usage Request Form



Organization Name:	Work Phone:		Fax:	
Requester Name:	E-Mail:		Phone:	
Day of Event Contact:			Phon	e:
Date(s):	Gate/Doors Open:		Start Time:	End Time:
Name of Function:			_Estimated A	ttendance:
*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:				
□ Upper Classroom - \$65 □ Lower Classroom - \$40 □ Track - included with Gy □ Main Gymnasium - \$90 □ Fitness Center - \$40 pe □ Locker Rooms - include □ South Lawn (Outside) - □ Kitchen - \$65 per hour □ Other (Please explain): Additional Notes:	per hour m per hour r hour, must be trained d with Gym - please call			Phone reen e explain):
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:				
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)				