Non-Profit Organization Facility Usage Request Form



Organization Name:	Work Phone:		Fax:	
Requester Name:	E-Mail:		Phone:	
Day of Event Contact:		Phone: _	Phone:	
Date(s):	Gate/Doors Open:	Start Time:	End Time:	
Name of Function:		Estimated Atten	dance:	
*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 µ □ Lower Classroom - \$40 µ □ Track - included with Gyr □ Main Gymnasium - \$90 µ □ Fitness Center - \$40 per □ Locker Rooms - included □ South Lawn (Outside) - □ Kitchen - \$65 per hour □ Other (Please explain): _ *Hourly prices shown above wi 8:30am-5:00pm). Additional Notes:	per hour n per hour hour, must be trained I with Gym please call II increase by \$25 per hour for	reservations outside of r	ormal 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:		
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)				