Special Olympics Alaska Activities 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:	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:					
PLEASE CHECK II	HE CAMPUS LOCATIONS	AND SE	RVICES YO	JU ARE REQUESTING:	
	5 per hour ym 5 per hour er hour, must be trained ed with Gym			ereen se 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:	a Room) □ Admin (Lower Train	ing Roon	n) □ Main (Us	sed for public events only)	