



# INTRAMURAL FIELD REQUEST FORM

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Time of Event: from \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_

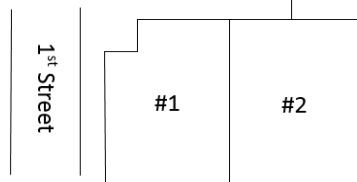
Contact Phone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization/Group: \_\_\_\_\_ Number in Group: \_\_\_\_\_

Team Advisor/ Sponsor: \_\_\_\_\_ \* Please note: No bathrooms/water available

Special Needs: \_\_\_\_\_

Circle the field you are requesting:



Requested for:

Practice

Game

Softball

Soccer

Flag Football

Ultimate Frisbee

Volleyball

Other Activity- Specify: \_\_\_\_\_

Additional Services Requested:

Lawn Mowed

Field Marked

Trash Cans Placed

(Office Use)

Additional Costs Assessed: \_\_\_\_\_

Event Organizer Approval:

Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

Return to: Student Health Services Office; Glen D. Johnson Student Union, Suite 200

1405 North 4th Street, PMB 4088; Durant, OK 74701

Fax (580)745-7567

Phone: (580)745-2867

**I have read the SE Guidelines Governing University Intramural Facilities and the SE Intramural Field Lightning Safety Policy and will comply with all outlined information contained in said documents.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Office Use Only)**

Approved:

- Site #1
- Site #2
- Site #3

Email TO:

Athletics ; Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

Physical Plant ; Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

Campus Police; Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

CONFIRMATION RECEIVED FROM:

Athletics ; Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

Physical Plant ; Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

Campus Police; Date: \_\_/\_\_/\_\_\_\_; Initials: \_\_\_\_

Given that all terms and conditions have been met and in consideration of payment of facilities fees, the University agrees to the use of its facilities as outlined in this agreement.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_