



The University of Arizona  
Department of Campus Recreation Collegiate  
Club Sports Special Event Form

Please have this form completed and submitted at least **2 weeks** prior to your event.

Club Name:		
Name of Special Event:		
Submitted By:	Club Position:	
Phone Number:	Email:	
Facility Requested:	Number of Fields/Courts Requested: (n/a if unapplicable)	
Event Type and Description:		
<b>Please list the date and time of your event. If this event needs more than one day, please list all exact dates needed.</b>		
Date:	Start Time:	End Time:
Date:	Start Time:	End Time:
Date:	Start Time:	End Time:
Reservation Time: (include setup and take down time)		
Date:	Start Time:	End Time:
Date:	Start Time:	End Time:
Date:	Start Time:	End Time:
Number or Participants:	Participant Type: (check all that apply)	
	Students	Non-UA Students      Other
Individual in Charge of Event:		Phone Number:



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Equipment Needed:

Scoreboard	Nets	Water Jug	Bleachers	Tents
Tables	Sound System	Chairs	Sand Bags	Other

Any other pertinent information:

**Office Use Only**

Name of Supervisor Receiving form:

Date Received: