MERCER UNIVERSITY COMPLIANCE
Athletics Facility Request Form

Organization Requesting Use: ___________________________ Website _______________________

Contact Person: ________________ Email address: ________________ Phone #: ________________

Contact Person the day of the event: ________________ Phone #: _______________________

Mailing Address: ________________________________________________

Reason for Facility Request: ________________________________________

________________________________________

What facility would you like to request to use: ____________________________

What are the date(s) and time(s) needed: ________________________________

________________________________________

Will prospect aged individuals *(9th-12th grade) utilize the facility being requested? Yes _____ No ______

*If this request is for a men’s basketball group, prospect age begins in 7th grade*

What is the approximate number of participants that will be in attendance: ______________________________

Will admission be charged? Yes _____ No _____ Will concession services be needed? Yes _____ No _____

What additional services or special arrangements might you need? ______________________________________

________________________________________

What type of insurance is being obtained for this event? ______________________________

Please return the completed form to Sybil Blalock at blalock_sa@mercer.edu or (478) 301-2061

FOR MERCER ATHLETICS USE ONLY:

Is there a scheduling conflict with the requested dates and times? Yes _____ No _____

Is field/support crew capable of servicing the event? Yes _____ No _____

Who will be the Mercer Supervisor/Contact for the event? ______________________________

Request Approved: __________________ Request Denied: ______________________

Proof of Insurance obtained? Yes _____ No _____

Date of Payment received: __________________ Amount received: __________________