SOUTHWEST TEXAS COLLEGE

Sports Facility Request Form

Today's Date_____

Facility/space requested (please check all that apply)

Rec Center Areas:

_____ Gym - # of cts. _____
_____ Swimming Pool
_____ Lobby Area
_____ Weight Room #1
_____ Weight Room #2
_____ Racquetball Court

Outdoor Fields:

_____ Main Field
_____ Field 2
_____ Field 3
_____ Field 4

Please mail or email this completed form to The Office of Administrative Services: jrsaucedo3870@swtxc.edu
Phone: (830) 591-4179, The Office of Administrative Services. 2401 Garner Field Rd, Uvalde, TX 78801

Liability Release: I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities associated with this event. THE FOLLOWING ENTITIES OR PERSONS are not responsible for accidents or injuries incurred during this event or activity: Southwest Texas College/or their directors, officers, employees, volunteers, representatives, and the activity holders, sponsors, and volunteers. Rules and Regulations for Facility Usage: Proper attire is required for the use of Fitness/Swim Center areas: Swimming Pool -- all participants are required to use swim suits only or swim clothing attire. Gymnasium -- all participants must wear appropriate exercise clothing and court shoes. Weight Room -- all participants must wear appropriate exercise clothing required by SWTX Fitness/Swim Center policy.

PLEASE COMPLETE ALL INFORMATION BELOW

Event Name / Type	
Department/Org Name	
Contact Name	
Contact Phone	
Contact Email	
Contact Cell	
SWTX Account Number to be Charged *(in some cases charges may not apply)*	
Date(s) of Event	
Start Time (include set-up)	
End Time (include break down)	
Approximate # of Participants including spectators	

Purpose and Specific Equipment/Set up Needs (i.e. tables, chairs, scoreboards, officials, etc. - please describe in detail)

SWTX Sports Facility Request Form
Approval Receipt

FOR OFFICE USE ONLY, THIS SIDE

Request Approved _____

Request Denied _____

Approved Date(s) _____

Approved Time _____

Approved Space(s) _____

Estimated Costs (The final costs will be provided after the event): if applicable

Staff _____

Rental _____

Utility _____

Custodial _____

Administrative _____

Other _____

Estimated Total _____

Request Sent _____ Date

The Gymnasium/Pool representative will contact the group for a final meeting to go over details. Finals costs will be provided to the group after the event. A final walk through after the event may be necessary and will be scheduled by the Gymnasium/Pool representative.

_____

Signature, Physical Education Department Representative