



SRU CAMPUS RECREATION
"THE MAC" Rec Sports Complex
SRU GROUP / Special Event Rental Reservation

Return Form and Deposit to:
Campus Recreation, 116 ARC
Slippery Rock University
Slippery Rock PA 16057
FAX 724-738-4802

Rental Group: _____ DATE: 1st Choice _____ 2nd _____
Primary Contact: _____ TIME Requesting: _____ AM / PM TO _____ AM / PM
Address: _____ # of expected participants: _____ Age range: _____
City _____ State _____ Zip _____ Coed Group: ☐ Yes ☐ No
Phone / Cell : () _____
EMAIL Address: _____

RENTAL ACTIVITY Areas

SOFTBALL FIELDS ___1___ ___2___

MULTI-PURPOSE FIELDS (# Fields for Rental and lining
Subject to Field availability)

<input type="checkbox"/> SOCCER	___1___ ___2___ ___3___ ___4___
<input type="checkbox"/> ULTIMATE FRISBEE	___1___ ___2___ ___3___ ___4___
<input type="checkbox"/> FLAG FOOTBALL	___1___ ___2___ ___3___ ___4___
<input type="checkbox"/> OTHER	___1___ ___2___ ___3___ ___4___
<input type="checkbox"/> RUGBY FIELD	___ (Lights not available)
<input type="checkbox"/> HOCKEY RINK	___ (Lights not available)
<input type="checkbox"/> DISC GOLF	___ (Lights not available)

NO Facility usage charge for SRU Recognized clubs/organizations during regular hours; However, \$50 SECURITY Deposit is required for ALL RESERVATIONS; Facility Staffing fees extra – if required; Weeknights – LIMITED availability; Deposit is applied to final balance, if staffing/damage fees are incurred OR returned at conclusion of the rental.

Equipment Request

☐ LIGHTING (\$30 Hourly rate)
☐ FIELD LINING - Minimum of 14 day advance rental request for multi-purpose field usage;
☐ Mini Soccer Goals (6 ½ X 12') - (2 pair available)
☐ FLAG FOOTBALL

Facility Supervision: _____ \$8 per hour per staff needed
Additional Staffing: _____ \$8 per hour per staff needed

_____ # staff Time: _____ to _____
_____ # staff Time: _____ to _____

I have read, understand and agree to apply the policies and procedures as outlined in the ARC Rental Brochure, incorporated herein, and I will assume full responsibility for proper supervision of this activity and reasonable care of all requested facilities and equipment. In consideration of acceptance of this rental, I, for my organization and myself and my heirs, personal representatives, successors, and assigns, releases Slippery Rock University and their representatives, successors and assigns from any and all claims and rights of action of any kind for personal injury, property damage or other loss which may incur as a result of my participation and that of my organization in the facility rental.

ADVISOR SIGNATURE

DATE

- ARC Waiver must be signed for each participant;
- Required adult supervision/professional staff must be present for the duration of the rental or the event will be terminated.
- Rentals may be terminated, at any time, for inappropriate behavior **OR** disregard of ARC Policies/Procedures.
- Rental groups will be financially assessed for any missing or damaged equipment, as well as damage to facility.
- Rental group is responsible for clean-up following event;
- **PETS MUST be leashed at all times; litter must disposed of properly**
- **Use of alcohol/tobacco products prohibited**
- **NO Batting practice on multi-purpose fields; GOLF prohibited in all activity areas**
- _____ **Additional Contract Agreement accepted**

Office Use Only

Date Request Received: _____ Approved _____ Not Approved _____

Campus Recreation Authorized Signature Date

Estimated Rental Fee: \$ _____ = RENTAL Fee: \$ _____ +
 Staffing/Supervision: \$ _____
 Lights \$ _____

Facility Supervisor Information: Facility Supervisor _____
in Group _____ Waiver Signed: _____ Y _____ N
Actual Rental Time: _____ to _____

Deposit Pd: \$ _____ Date: _____
Check #: _____ Charge Type: _____ Cash _____
Name on Check/Charge: _____

Balance Pd: \$ _____ Date: _____
Check #: _____ Charge Type: _____ Cash _____
Name on Check/Charge: _____

09/14)