



# 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: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

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      \_\_\_\_\_ # staff      Time: \_\_\_\_\_ to \_\_\_\_\_

**Additional Staffing:** \_\_\_\_\_ \$8 per hour per staff needed      \_\_\_\_\_ # 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 \_\_\_\_\_

\_\_\_\_\_ Confirmed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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: \_\_\_\_\_