

**Facility Rental Form
AAMU Student Health & Wellness Center**

HOURS: M-F: 6 a.m. – 10 p.m.; Saturday: 9 a.m. – 6 p.m.; Sunday: 1 p.m. – 7 p.m.

Space is not reserved until you have received a confirmation from the Student Health and Wellness Center. To insure a quality rental experience and adequate processing time, please submit your facility request form at least **14 DAYS** from event. **Payment is due upon approval of request in the form of money order, cashier's check, or personal check made payable to AAMU Student Health & Wellness Center Foundation.**

Name: _____ Today's Date: _____

Group: _____ Phone #: _____

E-mail: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Event: _____ Estimated Attendance: _____

Facility Requested	Date(s)	Time(s)	Rental Amount
Gym # of courts 1 2 3 4			\$30/court/hr (\$25 non-refundable deposit required)
Bowling Alley # of Lanes 1 2 3 4 5 6			\$30 per lane (up to 6 people per lane) 1 hr bowling/Shoe rental (\$25 non-refundable deposit required)
Game Room (30 capacity)			\$30/hr (\$25 non-refundable deposit required)
Juice Bar area (30 capacity)			\$30/hr (\$25 non-refundable deposit required)
Swimming Pool			Up to 45 participants: \$60/hr (plus lifeguard fee/\$10/lifeguard/hr--3 lifeguards required) (\$25 non-refundable deposit required) 46-61 participants: \$70/hr (plus lifeguard fee/ \$10/lifeguard/hr—4 lifeguards required) (\$25 non-refundable deposit required)
Room 201 (25-30 capacity)			\$25/hr (\$25 non-refundable deposit required)
Room 202 (35-40 capacity)			\$30/hr (\$25 non-refundable deposit required)
Multipurpose Room 115 (50 capacity)			\$35/hr (\$25 non-refundable deposit required)
Aerobics Room 208 (25 capacity)			\$25/hr (\$25 non-refundable deposit required)
Aerobics Room 209 (35 capacity)			\$30/hr (\$25 non-refundable deposit required)
Aerobics Room 210 (35 capacity)			\$30/hr (\$25 non-refundable deposit required)
Additional Set-up Fee*			\$25.00 - tables/chairs in rooms, mats in 1/2 of gym \$50.00 - mats in whole gym

*Separate fee if SHWC staff is requested to set up/arrange tables, chairs in rooms or put down mats on 1/2 or entire gym floor.

Equipment Needed:

_____ Basketball(s) (#) _____ Volleyball(s) (#) _____ Other _____

*Upon request approval, audio visual equipment should be requested, in writing, from the Telecommunication Center or reserved through the LRC Media Center.

1. Please check whom the program is open to: [] AAMU Students [] AAMU Faculty/Staff [] Alumni/Community/External

2. Will an entry fee be charged to participate? _____ YES (if yes, how much? _____) _____ NO

My signature below indicates that the person, department or unit requesting space is financially responsible for all related charges for services or damages to facility. **I have read, understand and agree to the SHWC Facility Usage Guidelines.**

Applicant's Signature _____

Date _____

Send the completed and signed facility request form to the address listed below. An e-mail will be sent to you alerting you to the status of your request. Thank you.

Return to: Student Health & Wellness Center
Alabama A& M University
P.O. Box 1567
Normal, AL 35762
Phone: (256) 372-7000
Fax: (256) 372-7005

FOR OFFICE USE ONLY
Received By: _____
Approved/Denied By: _____
Date entered into calendar _____
Amount Paid: _____
Amount Due: _____