

**Student Organization Facility Request Form
AAMU Student Health & Wellness Center**

Revised 1/2013

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 in advance. **Group must be a University recognized student organization.**

Name: _____ Today's Date: _____
 Group: _____ Phone #: _____
 E-mail: _____ Fax #: _____
 Type of Event: _____ Estimated Attendance: _____
 Purpose of Activity: _____

Facility Requested	Date(s)	Time(s)
Gym # of courts 1 2 3 4		
*Bowling Alley # of lanes 1 2 3 4 5 6		
Multipurpose Room 115		
Activity Room 201		
Activity Room 202		
Room 208		
Room 209		
Game Room		
Pool		

***Separate fee**

Equipment Needed:

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

*Upon approval, chairs, tables, etc. should be secured by placing a work order with the Department of Property Management and faxed to their office (256) 372-5545.

*Upon 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

Advisor'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
 (256) 372-7000 - Office
 (256) 372-7005 – Fax

FOR OFFICE USE ONLY

Date Received: _____
 Received By: _____
 Approved/Denied By: _____
 Dated entered into calendar _____
 Response Method: _____