

# Ashland University

## Rec Center Facility Rental Form

Completion of request does not guarantee a permit will be granted

ALL REQUESTS MUST BE SUBMITTED AT LEAST 2 WEEKS IN ADVANCE

Day(s) of Event:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Date(s) of Event: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Age Range of Group: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

\*The Rec Center Staff reserves the right to adjust times and assignments to meet the operational needs of the facility.

### FACILITY REQUESTED:

Areas Desired:	Start Time	End Time	Hours	x	Cost	=	Total
Full Facility (4 hours)	_____	_____	_____	x	\$1,800	=	_____
Full Facility (additional hours)	_____	_____	_____	x	\$450	=	_____
Gym 1	_____	_____	_____	x	\$50	=	_____
Gym 2	_____	_____	_____	x	\$50	=	_____
MAC (Aux. Gym)	_____	_____	_____	x	\$50	=	_____
Pool	_____	_____	_____	x	\$110	=	_____
Game Room	_____	_____	_____	x	\$40	=	_____
Climbing Wall	_____	_____	_____	x	\$60	=	_____
Classroom	_____	_____	_____	x	\$40	=	_____

Information continued on the back

**FACILITY REQUESTED:**

Areas Desired:	Start Time	End Time	Hours	x	Cost	=	Total
Racquetball Court(s)	_____	_____	_____	x	\$30		_____
Sand VB Court	_____	_____	_____	x	\$40		_____
Intramural Fields	_____	_____	_____	x	\$40		_____

**Sub Total Due:** \_\_\_\_\_

*\*\*A deposit of \$20 for operating hours and \$200 for non-operating hours is due at the time reservation is made.*

*\*\*All participants must sign a liability waiver; any participant under the age of 18 must have a parent/legal guardian signature.*

*\*\* Liability forms and the remaining balance are due on the day of the event.*

*\*\*Visa, MasterCard, Discover, American Express, checks, cash or departmental transfers are accepted.*

*\*\* Personal checks must bear the name, address and phone number of the remitter, and a check sequence number.*

**Please return completed form and deposit to:**

Janel Molnar, Director of Recreation & Wellness  
401 College Ave.  
Ashland, OH 44805

**Office Use Only**

Accepted    Not Accepted    Date:\_\_\_\_\_    Approved By: \_\_\_\_\_

Total Amount Due:\_\_\_\_\_

**www.ashland.edu/rec**  
**recwell@ashland.edu**  
**419-289-5440**

**ASHLAND**  
UNIVERSITY

**RECREATION & WELLNESS**