

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 TWO 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 (four hours)	_____	_____	_____	x	\$1,800		_____
Full Facility (additional hours)	_____	_____	_____	x	\$450		_____
Aerobics Room	_____	_____	_____	x	\$40		_____
Classroom	_____	_____	_____	x	\$50		_____
Climbing Wall	_____	_____	_____	x	\$100		_____
Game Room	_____	_____	_____	x	\$50		_____
Intramural Field	_____	_____	_____	x	\$100		_____
Multipurpose Activity Court (MAC)	_____	_____	_____	x	\$60		_____
Gym 1	_____	_____	_____	x	\$60		_____
Gym 2	_____	_____	_____	x	\$60		_____
Racquetball Court	_____	_____	_____	x	\$40		_____
Sand VB Court	_____	_____	_____	x	\$50		_____
Pool	_____	_____	_____	x	\$150		_____

SUB TOTAL DUE: _____

Information continued on the back

***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 and 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