Viterbo University Sport Clubs  
Department of Recreational Sports

Home Event Request Form

Club: ___________________________ Date Submitted: ______________

Officer Contact: _______________ Phone #: ______________________

Event: __________________________________________________________________________________

Date of event: ___________ Set-up Time: ________ Start Time: ________

End Time: ___________ Teardown: ___________

*Club members are expected to help with set-up & clean-up for their home events. Please check with the 
Event Supervisor before leaving the event.

Area(s) requested for event:

AMIE L. MATHY CENTER  
☐ Lobby Area  
☐ Fitness Center  
☐ Multi-Purpose Room  
☐ First Fl Conference Room  
☐ Second Fl Conference Room  
☐ Indoor Track  
☐ All Courts  
☐ Court #1  
☐ Court #2  
☐ Court #3  
☐ Fitness Center  
☐ Other: ______________________

OUTDOOR FIELDS  
☐ Practice Field  
☐ Game Field  
☐ Softball Diamond  
☐ Baseball Diamond  
☐ Concessions  

OFF CAMPUS LOCATION  
☐ __________________________

Setup/Equipment Needs (attach field dimensions if needed):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
* Please check with appropriate facility staff for facility requirements as well as set-up and clean-up instructions.

Personnel Needs:

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<td>Supervisor 1 (must be University employee):</td>
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<td>Supervisor 2 (must be University employee):</td>
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<tr>
<td>Athletic Trainer 1 (must be certified ATC):</td>
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<td>Athletic Trainer 2 (must be certified ATC):</td>
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<td>Athletic Trainer 3 (must be certified ATC):</td>
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Will there be an admission charge for this event?  
☐ Yes  
☐ No

If yes, how much will the charge be (per person, team, etc...)? ______________________

What is your estimated end time? __________

Attach the following:

1. Club Roster (of those participating)  
2. A list of all teams/affiliations attending  
3. Event Schedule (game schedule/tournament brackets)  
4. Day of itinerary

*All updates must be provided within 48 hours of the event.

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For Office Use Only

Date Received: ______________________

Event Request Approved:  YES  |  NO  |  Date: ______________________

If Denied, rationale: ______________________

Follow Up:  EMAIL  |  IN PERSON  |  PHONE ______________________