

- REC CENTER
- AQUATIC CENTER
- REC FIELD COMPLEX

NORTHERN ARIZONA UNIVERSITY  
 CAMPUS RECREATION SERVICES  
**Facility Reservation Form**

Date Recv'd. \_\_\_\_\_  
 Clerk: \_\_\_\_\_

**GROUP INFORMATION**

*This event has been approved by the sponsoring organization. The event organizer and/or advisor agree to be present for the ENTIRE event or will provide a responsible substitute. By signing below, Event Organizer & Advisor agree to the full Facility Use Policies as stated on the back of this form.*

GROUP NAME: \_\_\_\_\_

GROUP CONTACT (print name): \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CAMPUS BOX#: \_\_\_\_\_

Group's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADVISOR/SPONSOR (print name): \_\_\_\_\_ PHONE: \_\_\_\_\_

Advisor/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- STUDENT GROUP   
  NAU EMPLOYEE GROUP   
  NAU AFFILIATE   
  NON PROFIT   
  COMMERCIAL

**EVENT INFORMATION**

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

NAME OF EVENT: \_\_\_\_\_ NUMBER OF PARTICIPANTS: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_  
(ATTACH ADDITIONAL INFORMATION IF NEEDED)

EVENT NEEDS: \_\_\_\_\_

Rec Center:  FITNESS ROOM   
 CONFERENCE ROOM(S)   
 GYM   
 RACQUETBALL COURT(S)   
 OTHER \_\_\_\_\_  
(SPECIFY)

Aquatic Center:  CLASS ROOM   
 POOL: Area(s) requested \_\_\_\_\_

Rec Field Complex:  RAMADA   
 SAND VOLLEYBALL   
 FIELD: Space Needed \_\_\_\_\_

**CONFERENCE ROOM RESERVATIONS**

EVENT NEEDS: \_\_\_\_\_ (#) CHAIRS   
 \_\_\_\_\_ TV/DVD   
 \_\_\_\_\_ PROXIMA PROJECTOR   
 \_\_\_\_\_ OTHER (specify)

\_\_\_\_\_ (#) TABLES   
 \_\_\_\_\_ TV/VCR   
 \* Must provide own laptop computer.  
 \* Facilities are equipped with wireless internet.

**ROOM STYLE:** (CIRCLE ONE - BASED ON SINGLE ROOM SET)

<b>CLASSROOM</b> (with tables) xxxxxx xxxxxx xxxxxx xxxxxx xxxxxx xxxxxx Occupancy 32	<b>LECTURE</b> (without tables) xxxxxx xxxxxx xxxxxx xxxxxx xxxxxx xxxxxx Occupancy 40	<b>SEMINAR</b> (with tables) x x x x xxxx Occupancy 24	<b>MEETING</b> (with tables) xxxx xxxx x x xxxx xxxx Occupancy 24	<b>OPEN</b> (without tables)  Occupancy 40
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**OFFICE USE ONLY!** ROOM ASSIGNMENT: #1 #2 BOTH Special Notes: \_\_\_\_\_

**RENTAL FEES**

**GROUP AGREES TO PAY IN FULL ALL CHARGES PRIOR TO THE EVENT**

RENTAL CATEGORY:    I    II    III    IV    V ♦ FULL DAY - HALF DAY ♦ Facility Rental Fee: _____ Staffing Fee: _____ Misc. Fee: _____ <b>TOTAL FEE: \$</b> _____ Facility Approval: _____ Date: _____	<p style="text-align: center;"><b>Interdepartmental Billing Authorization – please print</b></p> DEPT/UNIT: _____ OBJ: _____ SUB OBJ: _____ IDB Authorized Signer: _____ Signature: _____ <hr/> IET: _____ Completed By: _____
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# NAU CAMPUS RECREATION SERVICES FACILITY USE AND RENTAL POLICIES

Form must be submitted (5) days prior to the event

- Reservation confirmation will be sent to the Group Contact & Advisor's email address. Your reservation is not valid until confirmation email is received from the University.
- For non-IDB payments, fees must be made in full 2 business days prior to the reservation. Payments can be made at the Recreation Center or Wall Aquatic Center front desk.
- All NAU students must provide a valid NAU ID card for event/facility entry; all others must show a photo ID and sign the guest register.
- The University does not assume responsibility for items brought in or left by Group.
- Any special equipment which is not provided in the facility shall be the responsibility of the Group.
- Complete control of the facility shall be with the facility manager. All rules and regulations established by the University will be in effect and administered by the facility manager or authorized delegate.
- The facility should be returned to its original state, or the Group will be charged for any costs necessary to restore the facility to that condition.
- Wall Aquatic Center Adult to Child Ratios: The below ratios are guidelines only, based on children that have participated in swim lessons. WAC staff reserve the right to supersede these guidelines should safety become a concern.

4 years and under	1:1	adult to child
5-7 years	1:3	
8-12 years	1:8	
- If Group includes off campus participants, parking passes must be obtained from NAU Parking Services, 928-523-6623. [nau.edu/parking](http://nau.edu/parking)
- All food or beverage service must be arranged through NAU Dining Services. [nau.edu/dining/](http://nau.edu/dining/)
- If the event requires a ticket or donation for entrance, the Group must contact ticketing services with the NAU Central Ticketing office, 928-523-5661. [nau.edu/cto](http://nau.edu/cto)

***Failure to abide by these Facility Use Policies can result in the accrual of additional fees and/or the termination of your facility rental, while possibly effecting future facility reservations.***

## OFFICE USE ONLY!

Food Waiver Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____
Insurance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____
Rental Contract Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____
Notified?: <input type="checkbox"/> NAU PD and/or <input type="checkbox"/> Custodial Staff	Date: _____