

THIS FORM MUST BE COMPLETED AND RETURNED **NO LATER THAN 7 BUSINESS DAYS PRIOR** TO THE SCHEDULE EVENT. PLEASE NOTE THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF REQUEST.

SUBMISSION CAN BE MADE BY SENDING THE COMPLETED FORM VIA EMAILTO CANDICE DOUGLAS (Candice.douglas@wku.edu) OR RETURNING IT TO THE BUSINESS OFFICE IN THE PRESTON HEALTH & ACTIVITIES CENTER.

Event Reservation Request

Raymond B. Preston Health & Activities Center

**APPLICANT INFORMATION**

*(All fields on this page are required to process request)*

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept./Group/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Applicant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Applicant’s Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Is your group a Student Organization: Yes No

If no, is the event affiliate with a Department of Western Kentucky’s University? Yes No

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT INFORMATION**

*(All fields on this page are required to process request)*

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For multiple day events, please list all dates and times:

Setup Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Range of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Parking Permits Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will the event include food and/or beverages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain what type of food/beverages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Area Requested:

Gymnasium Dance Studio Bill Powell Natatorium

Hardwood Courts Multi-Purpose Room Racquetball Court(s)

Blue Courts Preston Family Foundation Walking Track

Meeting Room

**EVENT INFORMATION (Continued)**

*(All fields on this page are required to process request)*

**Additional Needs:**

\_\_\_\_\_\_\_ No. of Chairs \_\_\_\_\_\_\_ A/V Equipment Needed \_\_\_\_\_\_\_ Electrical

\_\_\_\_\_\_\_ No. of Tables \_\_\_\_\_\_\_ Stage \_\_\_\_\_\_\_ Trash Cans

Additional Room Setup Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe the purpose of your event and need for using Preston Health & Activities Center Facilities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BILL POWELL NATATORIUM**

***COST PER LANE*:** $10/hour + Possible Lifeguard

& Staffing Costs\*

***COST FOR ENTIRE POOL*** $100/hour +

Possible Lifeguard & Staffing Costs\*

**MEETING ROOMS**

Dance Studio

**COST:** $40/hour + Possible Staffing Costs\*

Preston Family Foundation Meeting Room

**COST:** $40/hour + Possible Staffing Costs\*

Multiple Purpose Room

RENTAL FEE WITH EQUIPMENT

**WKU GROUP**

**COST:** $50/hour + Possible Staffing Costs\*

**NON-WKU GROUP**

**COST:** $75/hour + Possible Staffing Costs\*

RENTAL FEE WITHOUT EQUIPMENT

**WKU GROUP**

**COST:** $25/hour + Possible Staffing Costs\*

**NON-WKU GROUP**

**COST:** $50/hour + Possible Staffing Costs\*

**FULL FACILITY**

**COST:** $200/hour + Possible Staffing Costs\*

**RACQUETBALL COURT**

No. of Courts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Court(s):

Court #1 Court #2

Court #3 Court #4

Court #5 Court #6

**COST (PER COURT):** $10/hour + Possible Staffing Costs\*

**GYMNASIUM**

**COST (PER FULL GYM):** $150/hour + Possible Staffing Costs\*

**HARDWOOD COURTS**

Court #1 Court #2

Court #5 Court #6

**COST (PER COURT):** $25/hour + Possible Staffing Costs\*

**BLUE COURTS**

Court #3

Court #4

**COST (PER COURT):** $25/hour + Possible Staffing Costs\*

**WALKING TRACK**

**COST:** $15/hour + Possible Staffing Costs\*

**RECREATION FACILITY SPACES**

PLEASE SELECT ONLY THE FACILITY/FACILITIES THAT YOU WOULD LIKE TO RESERVE

\*Please note that additional staffing costs may be incurred due to usage outside of hours or if number exceed normal amount of demand.

I acknowledge by submitting this form, I am only requesting a tentative date and that it does not guarantee availability of space or equipment. I understand before my reservation is confirmed, I must read and sign the Raymond B. Preston Health & Activities Center Facility Rental Agreement Form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Invoiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

