



# Lincoln University Athletics Department

## ATHLETIC FACILITY REQUEST FORM

Baseball Field       Softball Field       Football Field       Soccer Field

### CONTACT INFORMATION

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

Contact Person (Requestor): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address or Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

### EVENT INFORMATION

Name of Event: \_\_\_\_\_

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

Time From: \_\_\_\_\_  AM  PM to: \_\_\_\_\_  AM  PM

Description of Event: \_\_\_\_\_

Who will be supervising this event? \_\_\_\_\_ Phone # \_\_\_\_\_

### WILL ANY OF THE FOLLOWING BE REQUIRED?

Concession Sales       Yes  No

Parking       Yes  No

Field Prep (marking)  Yes  No

\*Security       Yes  No

Other \_\_\_\_\_

*\*Requestor must contact Public Safety for specific arrangements. 681-5458*

*Outside agencies renting Athletic Fields must contact Design & Construction. 681-5084*

### Approvals:

\_\_\_\_\_  
Signature Department Head or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Athletic Director

\_\_\_\_\_  
Date

To be filled out by the Athletic Department only
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
Reason _____
_____
_____
_____