YALE CLUB SPORTS
MATCH
(One Visiting Team Only)

PRACTICE
(Yale Team Only)

FACILITY REQUEST

CLUB NAME_____________________________________  DATE___________________________

SUBMITTED BY__________________________________  PHONE__________________________

(this is the person we will be contacting!)

FACILITY DESIRED:
FIRST CHOICE     ______________________________________________________________
SECOND CHOICE______________________________________________________________

DAY/DATE(S)  TIME(S)
__________________________________  _______________________________________
__________________________________  _______________________________________
__________________________________  _______________________________________
__________________________________  _______________________________________

TYPE OF ACTIVITY PLANNED (please detail):
_________________________________________________________________________________________
_________________________________________________________________________________________

• Identify your equipment needs and how you will meet them______________________________

• Athletic training and medical needs and how you will meet them________________________

• Number of participants______________________________________________________________

• Nature of participants (i.e. students, non-collegiate, etc...)_____________________________

• Number of spectators anticipated_____________________________________________________

• Identify parking needs (cars, vans, buses, etc.)________________________________________

ADDITIONAL REQUISITIONER’S COMMENTS ON REVERSE SIDE? [ ] YES  [ ] NO

Reviewed by Club Sport Office ________________________ Date_______________

Facility Available for use? [ ] YES  [ ] NO  Facility Director_________________________

Revisions from Facilities Director

Approved by Club Sport Director__________________________ Date____________________

Revision from Club Sport Director
*DO NOT INVITE TEAM(S) OR SCHEDULE A MATCH OR PRACTICES UNTIL FACILITY IS SECURED.