

**PRACTICE**  
*(Yale Team Only)*

**YALE CLUB SPORTS  
FACILITY REQUEST**

**MATCH**  
*(One Visiting Team Only)*

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.**