



Department of Recreational Sports Facilities  
Reservation Request for TAMU Departments

**Contact Information**

Department responsible for Request \_\_\_\_\_

Person responsible for Request \_\_\_\_\_ Date Submitted \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail Stop \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Accounting Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Accounting Contact Email \_\_\_\_\_ Departmental Acct # \_\_\_\_\_

**Event Information**

Event Name \_\_\_\_\_ Date of Event \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Approximate Number of People \_\_\_\_\_

Please provide a brief description and purpose of the event:

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

**Facility Request: Prices for facilities can be found on the Rec website [recsports.tamu.edu](http://recsports.tamu.edu)**

Day of Week	Date	Facility/Room Request	Time Request (beginning/ending)

Approved as requested  
Reservation # \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Entered By \_\_\_\_\_

Approved with noted changes  
Reservation # \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Entered By \_\_\_\_\_

Request Declined

Reservation Scanned

University Account # for this event# \_\_\_\_\_

Facility approval is based on the availability of space. Please review the attached confirmation. Any changes to your request will be reflected on the confirmation sheet. The Departmental Account number will secure the reservation as the deposit. *You will receive a pre invoice for the facility rental and equipment portion of your event after the event within 5 days of the preview invoice review it for accuracy. After the preview invoice time frame you will receive a final invoice outlining rental fees and it will be submitted to the Financial Management office for payment based on the account number submitted for the event.*

**I acknowledge that I have read and I am aware of the cancelation policy and rental cost associated with this reservation if they are allocable.**

REQUESTOR'S SIGNATURE \_\_\_\_\_