

Department of Recreational Sports Facilities Reservation Request for Student Organizations

Contact Information

TAMU Recognized Organization	on	SOFC Acct. #					
Person responsible for Request		Date Submitted					
Cell Phone Number		Email					
Advisor's Name		Advisor PhoneEmail					
Event Information							
Event Name Type of Activity: Please provide a brief descrip		Approximate Number of People					
	or facilities can be found	on the Rec website <mark>recsports.tamı</mark>	Time Request				
Day of Week	Date	Facility/Room Request	(beginning/ending)				
☐ Approved as requested Reservation #	☐ Approved with noted changes ☐ Request Declined Reservation #						
Date Entered		Date Entered					
Entered By Reservation Scanne	Entered By	<i>'</i>					
will be reflected on the co SOFC approval to charge in within the 10 days to secund social events; tournament located on the Rec websit	onfirmation sheet. After y form or the <mark>Departmental</mark> are the reservation. The Ap ts, games, and lessons will be. Recsports.tamu.edu. and l'activities. At the conclus	ou receive the confirmation for the Account number if your Organizat. Oproval to Charge form is considere I have a charges for facility rental to purchion of your event you will receive a	firmation. Any changes to your request of facility rental portion of your event the ion is departmental sponsored is due at the deposit for the facility rental. All the room and equipment charges are thase a guest pass to recreate and or final invoice outlining rental fees and any				
Please complete and turn in a	copy of the following for arge form https://maro	rms once you have the reservation					

SOEC O	n-Campus <i>i</i>	Annrova	al to C	harge			
	ni-Campus <i>i</i>	Thhiore					
Student Organization Name:			SOFC Use Only				
A A b	· ·	E-Doc#					
Account Number Sub-Acc	count Date (mmddy)	/yy)	Voucher#				
Ticket #							
Instructions							
Step 1: Student Organization will turn in the completed, signed form to the SOFC based on the vendor's estimate. Step 3: The Student Organization will keep a copy of this form and provide one to the vendor prior to purchase.							
Step 2: The SOFC will put a hold on the estimated funds amount. (If the event or purchase is cancelled, please notify the SOFC). Step 4: After the purchase / service the vendor will email invoice to stuact tamu.edu or send to SOFC Mail Stop 1236.							
Vendor Information							
On-Campus Vendor Name:		Estimata	Amount \$				
Recreational Sports	979-845-782	26 Estimate	Amount				
Vendor Contact Name:	Phone Num		Email Addre				
Tawyna Elliott	(979) 862	2-1322	telliott@r	ec.tamu.edu			
Purchase Information							
Description of Purchase:	Event	Name:	E	Event Date:			
Statement of purpose and benefi	·						
I certify that this money is to be used as outlined and NO To be completed by the SOFC							
ALCOHOLIC BEVERAGES are	Date B	Encumbered:					
Student Organization Leader Sig	SOFC Acco	unt Balance:					
	I -	SOFC Cardh	older Name:				
Phone:	Date:	Date	Completed:				
Faculty / Staff Advisor Signature			Object Code:				
		Ac	tual Charge:				
Phone:	Date:	Re-Allo	ocation Date:				
SOFC Signature(s) as needed		FAMI	S Post Date:				
			FAMIS Ref#:				
Phone:	Date:	E# R	elease Date:				
Privacy Policy "State law requires that you be informed of the following (1) you are entitled to request to be informed about the information about yourself collected by the use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."	SOFC Notes:						