

FACILITIES REQUEST FORM

Department of Athletics/Facilities

2451 Euclid Avenue PE 323

Cleveland, OH 44115

Phone: (216) 687-4813

Fax: (216) 687-9242

Email: m.lehto@csuohio.edu



Name of Meet/Group _____

Contract sent to: Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Dates/Times of Event: _____

Set up needed before event? _____ If yes, date/time _____

Estimated attendance: _____

Facility requested:

Busbey Competitive Pool: _____ Busbey Instructional Pool: _____ Spectator area: _____

Woodling Gymnasium: _____ Bleachers: _____

Meeting Rooms: _____

Equipment Requested:

Tables: _____ Qty. _____ Chairs: _____ Qty. _____

Pool Deck Bleachers: _____ House Sound System: _____

Pool "Old" Scoreboard: _____ Pool LED Scoreboard: _____

Timing Back up Buttons: _____ If yes, number: _____

Swimming Meet Computer: _____ Swimming Meet Printer: _____

CSU Event Staff Personal Requested:

Timing System Operator: _____ Hy-Tek Operator: _____ LED Scoreboard Operator: _____

Athletic Trainer: _____

Items for Sale? _____ Vendor Name(s): _____

Vendor Address _____ State, City, Zip: _____

Office Use: Date request received.