

# Request for Use of Penn State Behrend Athletic & Recreation Facilities

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Name of Person Making Request \_\_\_\_\_ e-mail \_\_\_\_\_

Organization/Office/Department \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_

Purpose \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Time of Event: Set-up \_\_\_\_\_ Begin \_\_\_\_\_ End \_\_\_\_\_ Tear-down \_\_\_\_\_

Location(s) & Room(s) Requested:

Description of Event:

Approximate Attendance \_\_\_\_\_

Special Requests \_\_\_\_\_

First-Aid arrangements \_\_\_\_\_

- Non-University affiliated groups or organizations must obtain a Certificate of Insurance for one million dollars from their insurance company. The Certificate of Insurance must specify The Pennsylvania State University as an additional insured party. Facilities will not be reserved for any non-university affiliated group without a proper Certificate of Insurance.

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## Office Use Only:

Date Received \_\_\_\_\_

Request Approved By \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Confirmation Sent \_\_\_\_\_  
(date)

Certificate of Insurance Received \_\_\_\_\_ Indemnification Form Sent \_\_\_\_\_  
(date) (date)

Copy of Maintenance & Operations Work Order: Received \_\_\_\_\_  
(date)

Cc: Police & Safety  
Maintenance & Operations

7/02