Loyola Marymount University
Athletics Facilities – Request For Use Form

Today's Date:_____

HOW TO COMPLETE THIS FORM:

Thank you for your interest in using one or more of Loyola Marymount University's Athletics Facilities. In order to assist you with your request, please complete this form to the greatest extent possible.

Electronic Completion: You may open this form as a PDF in Adobe Acrobat Reader and fill in your information electronically. After your complete it, print it out and fax the form to Dan Smith, Associate Director of Athletics – Internal Operations or to Shane Howell, Director of Athletics Facilities at (310) 338-4577.

Written Completion: Print the form and complete it by hand using dark ink. After you complete it, fax the form to Dan Smith, Associate Director of Athletics – Internal Operations or to Shane Howell, Director of Athletics Facilities at (310) 338-4577.

Hand Delivery: Forms can also be hand delivered to the LMU Athletics Department in the Administrative Offices in Gersten Pavilion. University departments making facility requests can hand deliver the form – or you can send it via campus mail to MS-8505.

Note: All requests must be made at least 21 days in advance of the date(s) you wish to use our facilities. Please ensure that you read the LMU Athletics Rental Policies and Use Procedures prior to completing and submitting this form. If you have questions or problems completing and submitting this form – please call Dan Smith, Associate Director of Athletics – Internal Operations at (310) 338-7483 or Shane Howell, Director of Athletics Facilities at (310) 338-7641.

Group/Organization Making Request:_____

Contact Name(s):_____

Address:_____

City/State/Zip:_____

Contact Phone:_____ Contact Cell Phone:_____ Contact E-Mail:_____

Event Coordinator's Name:_____ Event Coordinator's Cell Phone:_____

CES Event Manager:_____ CES Event Manager Cell Phone:_____

Request Date(s) for Facility:_____

Start Time / End Time of Event(s):_____

FACILITY REQUEST

Check All That Apply:

- ☐ Gersten Pavilion
- ☐ Sullivan Field
- ☐ LMU Tennis Center
- ☐ Page Stadium
- ☐ Smith Field
- ☐ Higgins Golf Center
- ☐ LMU Batting Cage
- ☐ ADG Conference Room (LAC)
- ☐ Conference Room B (LAC)
- ☐ Founders Room

EVENT DESCRIPTION

Briefly Describe Event:_____

_____

_____

EVENT PARTICIPANTS

Provide Group/Team Name(s) and Number of Participants:_____

_____

_____

Proceed to Page 2

SPECTATOR / PARTICIPANT SEATING

Describe the Number of Spectators Expected at Event or Each Contest (Note: One Security Person is Required per 100 Spectators):_____

_____

_____

TICKET / PROGRAM / NOVELTY SALES

Describe How Many Tickets Will Be Sold. Also Indicate if Programs or Novelties Will be Sold at Event:_____

_____

_____

SPECIAL NEEDS / REQUESTS - Check All That Apply to Your Event (Additional Fees Will Apply):

Press Tables	Yes	No	Press Box (Baseball)	Yes	No	Athletic Trainer:	Yes	No
Media Workroom:	Yes	No	Locker Rooms:	Yes	No	Training Supplies:	Yes	No
Copy Machine:	Yes	No	Shower Facilities:	Yes	No	Ice:	Yes	No
Phone Lines:	Yes	No	Towels:	Yes	No	Water/Cups:	Yes	No
Internet Lines:	Yes	No	PA/Sound System:	Yes	No	Parking Attendants:	Yes	No
Scoreboard:	Yes	No	Meeting Room(s):	Yes	No	Concessions:	Yes	No
Shot Clocks:	Yes	No	Additional Signage:	Yes	No	Security:	Yes	No
Video Board:	Yes	No	Field Preparation:	Yes	No	Food Service:	Yes	No

USE OF OUTSIDE VENDORS - (Note: All Outside Vendors Must Provide Proof of Insurance)

Will Outside Vendors Assist in Support of Event: Yes No If Yes – Please List Vendor(s), Contact Name(s) and Phone Numbers:

1._____

2._____

3._____

I, the undersigned, have read the attached use policies, procedures and rates sheet applicable to use of LMU Athletics Facilities and agree to abide by them. Further, when using LMU Athletics Facilities, I agree to abide by the rules, regulations, policies and procedures set forth by Loyola Marymount University, the West Coast Conference, and the NCAA. I understand that the fees for use of any facility I am requesting will be set by the Associate Director of Athletics for Internal Operations and I agree to pay those fees. Additionally, I understand that I will be liable for additional fees that may result from damage to the facility or causes additional expense to bring the facility back to its original condition, and I agree to pay those fees as determined by LMU Athletics.

Requester Name (Print):_____Title:_____

Signature:_____Date:_____

ATHLETICS USE ONLY

Date Received:_____ Date Forwarded to CES:_____

Date Processed:_____ Date Contract to Be Sent by CES:_____

Date Ins. Cert Received:_____ Date Contract Fees Received:_____

Budget Transfer Info: _____

Date For Pre-Event Meeting / Walk-Through:_____

Date Approved or Denied / Notes:_____

Provide Copies of Contract to: Associate Director of Athletics – Internal Operations, Associate Director of Athletics – Business and Finance, Director of Athletics Facilities, Conference and Events Services, Group or Person Requesting Event