### STRAHAN/JOWERS RESERVATION REQUEST FORM

**Date:**

**For Office Use Only:**
- **DATE RECEIVED:**
- **DATE TO TEAM:**
- **APPROVE:**
- **DENIED:**
- **POSTED TO SCHEDULE:**

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**Event or Class**

**Requested Facility**

**Requested Dates (Pri)**

**Alt)**

**Alternate Facility**

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Date of Event (MM/DD/YYYY)</th>
<th>Semester</th>
<th>Beginning Time</th>
<th>Ending Time</th>
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**Person in Charge of Event**

**Phone**

**Alternate Contact Person**

**Phone**

**Sponsor or Organization**

**Comments and Specific Needs**

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**For Office Use Only:**

**Cost of Facility Use:**

**Supervisory Fee:**

**Custodial Fee:**

**Key Deposit:** (check exchanged for keys)

**Total:**

**Approved By:** HPER Athletics Recreation

**Checks Payable To:**

**Due By:**

**Payment Received By:**

**Keys Issued On:**

**To:**

**Return By:**

**Keys Returned On:**

**Deposit Returned By:**