Class Use Reservation Form
Freeman Ranch Facilities
Fax to: 353-5940

Date _____________ Requesting Dept/Office _____________ Phone # ________________
User Name ________________________ Phone # ______________ Email_____________
Requested Date(s) of Use _____,_____,_____ Times of Use ______(A/P) to_______(A/P)
Course ID: _________ Number of labs: ____________ Number of students/lab: ___________

1) Lab/Activity objective: (Include potential positive/negative impact of lab/activity on ranch)

2) Animal Needs:
   A) IACUC approval #:
   B) Total number of animals needed:
   C) Domestic animals: Please provide details including breed, sex, age, weight of animals requested.

   Breed   Sex   Age   Weight   # Requested   Other: (e.g. body condition)

   D) Wildlife - species

3) Facility/Pasture/Plant Needs:

4) Vehicle/Equipment Needs:

5) Personnel Needs:

6) Additional Resources: (e.g. second labs)

7) Miscellaneous Needs:

Please provide accounting information for expenses incurred.

Account # _____________ Account Name ________________
Contact Person (if other than requestor) ____________________
Contact Phone # ______________ Contact E-Mail ____________

Itemized Exp | Amount
-------------|--------
1) Animals   |        
2) Facility  |        
3) Vehicle/Equip |        
4) Personnel  |        
5) Miscellaneous |        
Total Chgs (IDT) |        

Requests should be made one week in advance of date facility/animal/personnel will be needed. Send request by email to your department/program Chairman. Upon approval, Chairs will email request to the Freeman Ranch Manager.

If you have students with physical disabilities in the labs, please contact the Ranch Manager ASAP so that accommodations can be made in advance of the lab.