

FACILITY RESERVATION INQUIRY FORM

LaHaye Recreation & Fitness Center

All information must be entered to ensure timely scheduling!

Contact Information

1.	Please provide the following Point of Contact (POC) information:					
	Name:					
	Cell Phone Number:					
	Email Address:					
	Legal Address: LUID (if current or previous LU Student/Faculty/Staff):					
2.	If the requested event is for personal use, please select your affiliation with Liberty University:					
	Current Student/Faculty/Staff General Public/Alumni					
3.	If the requested event is for an <u>external organization</u> , please list your legal business name <u>and</u> address.					
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Ge	eneral Reservation Information					
4.	. Please provide the specific location(s) at the LaHaye Recreation & Fitness Center that you are requesting to reserve, as listed on our <u>Campus Recreation Facility Reservations webpage</u> . <i>Please indicate requested number of courts, fields, or lap lanes</i> .					
5.	Please provide the name / title of the requested event:					
6.	Please provide a description of the requested event including purpose, theme, and activities involved.					
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7.	Please list all equipment, decorations, games, crafts, etc. that you are requesting to bring to the facility for the event.						
8.	Please indicate if the requested event is private or open to the public:						
	Private Event Public Event						
9.	Please list the preferred reservation date(s) and two backup dates.						
10. Please list the proposed timeline for the event:							
	Set-Up Start Time:						
	Event Start Time:						
	Event End Time:						
	Tear-Down End Time:						
11. Who and how many people are anticipated to attend the event?							
12. How many adults will be in attendance (18 years of age and over)? How many minors will be in attendance (under 18 years of age)?							
13. Are you requesting to have food / concessions at this event? Yes No If yes, will it be:							
	Brought to campus by someone in your party.						
	Delivered to campus by food company, please list the company name:						
	Catered/served on-site by company, please list the company name:						

14. Will you be hiring any external vendors for the requested event (i.e., Food truphotographer)? If yes, please list the type of vendor and business name below				
		Yes	No	
	ill the reques handling tick		ted and have a guest No	admission fee? If yes, how will you
		sted event require adling registration? Yes		ere a fee associated? If yes, how
		sted event or activi more information Yes		do with fundraising or donations? If yes
8. Pl	ease indicate	on & Fitness Cer e which of our reso availability and int	ources you would like	e to request for the event (approval
	•	yball Nets	,	Metal Folding Chairs
	Volle	yballs		Bleachers
	Bask	etballs		Speaker Access (only Red
	Dodg	geballs		Courts 6-9)
	Soco	er Balls		Microphone & Stand
	Flip S	Scorecards		Projector & Screen
		ronic Score Clock d Boxes)	s (and	Staging/Platform Podium
	8ft R	ectangular Tables		Pipe & Drape
	6ft N	arrow Rectangula	r Tables	Trash Cans
	6ft D	ound Tables		