

**UNIVERSITY OF ARKANSAS
INTRAMURAL/RECREATIONAL SPORTS
IMRS SPORTS COMPLEX RESERVATION FORM**

INSTRUCTIONS: Fill out the front and back of this form as completely as possible. If you are requesting multiple areas with different use times then write the days and/or times for each area in the space provided. Additional copies of this form can also be used for multiple arearequests. When applicable, a copy of the completed form will be returned to you with the necessary instructions. Incomplete forms will not be processed.

EVENT: _____

SPONSORING ORGANIZATION: _____

IS THE SPONSORING ORGANIZATION A REGISTERED STUDENT ORGANIZATION? Yes _____ No _____

IF NO, THEN WHAT TYPE OF ORGANIZATION IS IT? IMRS _____ ACADEMIC _____ ATHLETIC _____
NON-UNIVERSITY AFFILIATED _____

DAY(S) OF THE WEEK REQUESTED	DATE(S)	TIME(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FACILITIES REQUESTED: PLEASE CHECK OR ENTER DAYS/TIMES FOR THE APPROPRIATE FACILITIES

Flag Football Field #1	_____	Soccer Field	_____
Flag Football Field #2	_____	Rugby Field	_____
Flag Football Field #3	_____	Volleyball Pit #1	_____
Flag Football Field #4	_____	Volleyball Pit #2	_____
Softball Field #1	_____	Horseshoe Pit #1	_____
Softball Field #2	_____	Horseshoe Pit #2	_____
Southwest Quadrant	_____	Horseshoe Pit #3	_____
Southeast Quadrant	_____	Horseshoe Pit #4	_____
North Quadrant	_____	Horseshoe Pit #5	_____
Restrooms	_____	Patio	_____
Concession	_____		

Field Set-up Requirements (List your event needs): _____

NOTE: IF EQUIPMENT IS REQUIRED, PLEASE COMPLETE THE EQUIPMENT REQUEST FORM AS WELL

ESTIMATED NUMBER OF PEOPLE ATTENDING THIS EVENT: Female _____ Male _____ Total _____

METHOD OF PAYMENT: cash/check _____ cost center _____ (cc# _____)

I understand that IMRS is not responsible for injuries that occur as a result of use of any of the facilities administered by IMRS and/or HKRD or from participation in any of their programs. I further agree to abide by all IMRS policies and procedures.

Signature of Faculty Sponsor

Address

E-mail Address

FAX Number

Telephone

Person Submitting Request

Address

E-mail Address

FAX Number

Telephone

DO NOT WRITE BELOW THIS LINE

APPROVAL: _____
FACILITY DIRECTOR SIGNATURE

DATE

FACILITY USE INFORMATION:

RETURN FORM TO:

**Intramural/Recreational Sports
HPER Room 225
University of Arkansas
Fayetteville, AR 72701**

**Telephone: 479-575-4646
FAX Number: 479-575-7008
Website: imrs.uark.edu**

Both the Facility Reservation and the Equipment Reservation form are available on-line.