



MERCER UNIVERSITY COMPLIANCE Athletics Facility Request Form

Organization Requesting Use: _____ Website _____

Contact Person: _____ Email address: _____ Phone #: _____

Contact Person the day of the event: _____ Phone # _____

Mailing Address: _____

Reason for Facility Request: _____

What facility would you like to request to use: _____

What are the date(s) and time(s) needed: _____

Will prospect aged individuals *(9th-12th grade) utilize the facility being requested? Yes _____ No _____

If this request is for a men's basketball group, prospect age begins in 7th grade

What is the approximate number of participants that will be in attendance: _____

Will admission be charged? Yes _____ No _____ Will concession services be needed? Yes _____ No _____

What additional services or special arrangements might you need? _____

What type of insurance is being obtained for this event? _____

Please return the completed form to Sybil Blalock at blalock_sa@mercer.edu or (478) 301-2061

FOR MERCER ATHLETICS USE ONLY:

Is there a scheduling conflict with the requested dates and times? Yes _____ No _____

Is field/support crew capable of servicing the event? Yes _____ No _____

Who will be the Mercer Supervisor/Contact for the event? _____

Request Approved: _____ Request Denied: _____

Proof of Insurance obtained? Yes _____ No _____

Date of Payment received: _____ Amount received: _____