

the REC center
At Rowan University
RESERVATION REQUEST

Facility Requested _____ Date _____

Name of Organization _____

Contact Person _____

Phone _____ e-mail: _____

Purpose _____

Date(s) Requested _____

Times: Start _____ End _____

Comments _____

Estimated Attendants _____

FOR OFFICE USE ONLY

Approved _____

Not Approved _____

Facility Rental Fee _____

Other Fees _____

Total Fee _____

Recreation Center Staff

Date